

*St. Anne Parish*  
*Religious Education Registration Form & Consent*

**FAMILY/PARENT INFORMATION**

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Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Notes: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Notes: \_\_\_\_\_

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Home Address: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ **Emergency Contact & #:** \_\_\_\_\_

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**CHILD**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Special Needs listed on consent form: \_\_\_\_\_

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**CHILD**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Special Needs listed on consent form: \_\_\_\_\_

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**CHILD**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Special Needs listed on consent form: \_\_\_\_\_

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**CHILD**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Special Needs listed on consent form: \_\_\_\_\_

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**IN-PARISH STUDENTS**

\$55.00 for first student  
\$35.00 for each additional student  
Family maximum of \$110.00 (plus fees)

Confirmation: \$50.00 Retreat Fee

**OUT-OF-PARISH STUDENTS**

\$75.00 for first student  
\$40.00 for each additional student  
Family Maximum of \$140.00 (plus fees)

Tuition Due: \_\_\_\_\_

Tuition Paid: \_\_\_\_\_

Check#: \_\_\_\_\_

Received By: \_\_\_\_\_

Please complete attached consent form, 1 for each child:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**St. Anne Parish**  
**Religious Education Registration Form & Consent**

Childs Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me, please contact the Emergency Contact on Registration form.

**Signature:** \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_

**Specific Medical Information:** St. Anne Parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Does child have any physical limitations? \_\_\_\_\_

You should be aware of these special medical conditions of my child:

\_\_\_\_\_

**Choose ONE of the Following:**

- No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.
- I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

**Signature:** \_\_\_\_\_

**MEDIA RELEASE:**

This authorization form constitutes permission for my child's participation in videotaping and/or photographs which may be taken during the school year. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses.

**Signature:** \_\_\_\_\_

**DIGITAL COMMUNICATIONS/PARENTAL ACCESS/PERMISSIONS:**

- I request parental access to any communication or content involving my child according to archive, access, and availability guidelines established by St. Anne Catholic Church: Yes \_\_\_\_\_ No \_\_\_\_\_
- I authorize communication with my child electronically, including Social Media or other digital means in accordance with the Safe Environment Social Communications Policy for the Diocese of Green Bay (in which I have been made aware of) by staff ministry representatives of St Anne Catholic Church or diocesan-affiliated ministry representatives of the Diocese of Green Bay: Yes: \_\_\_\_\_ No: \_\_\_\_\_
- I grant permission for my child to participate in any event organized by St Anne Parish. If the event is offsite, I also grant permission for my child to be transported by any means of official transportation organized by the church or their representatives: Yes \_\_\_\_\_ No \_\_\_\_\_

**As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Anne Parish and its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and Diocese of Green Bay its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Green Bay.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_