



FAMILY/PARENT INFO

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
(/Guardian) First Middle (FULL) Last  
Email \_\_\_\_\_ Notes \_\_\_\_\_  
PLEASE PRINT CLEARLY!

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
(/Guardian) First Middle (FULL) Maiden Last  
Email \_\_\_\_\_ Notes \_\_\_\_\_  
PLEASE PRINT CLEARLY!

Address \_\_\_\_\_  
Street City State Zip  
Home Phone # \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
(if parents unavailable) Name Relationship Contact #

CHILD

Name \_\_\_\_\_ Cell # \_\_\_\_\_  
First Middle (FULL) Last "N/A" if no cell phone  
Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
PLEASE PRINT CLEARLY!

Special Needs: Medical, Learning/Physical disabilities, Allergies, etc.

CHILD

Name \_\_\_\_\_ Cell # \_\_\_\_\_  
First Middle (FULL) Last "N/A" if no cell phone  
Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
PLEASE PRINT CLEARLY!

Special Needs: Medical, Learning/Physical disabilities, Allergies, etc.

CHILD

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Special Needs: Medical, Learning/Physical disabilities, Allergies, etc.

**IN-PARISH STUDENTS**

**OUT-OF-PARISH STUDENTS**

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

1st Student \$55 x 1 = 55  
2nd & 3rd each \$35 x \_\_\_ =  
Confirmation Fee \$50 x \_\_\_ =

1st Student \$75 x 1 = 75  
2nd & 3rd each \$40 x \_\_\_ =  
Confirmation Fee \$50 x \_\_\_ =

Tuition Pd: \_\_\_\_\_

TOTAL = \_\_\_\_\_

TOTAL = \_\_\_\_\_

Check No: \_\_\_\_\_

Received by: \_\_\_\_\_

My signature indicates my consent to the initialed sections on reverse.

Parent/Guardian Signature

Date

**Medical Consent**

In the event of an injury or illness, I/we give permission to transport child/ren listed on reverse to a hospital for emergency medical treatment. I/we also grant permission to any and all health care providers designated by St. Anne Staff to provide child/ren any and all necessary medical care related to the injury or illness. I/we further understand I/we will be contacted as soon as practical as to the medical emergency and be provided with all necessary information related to the medical emergency. Initials: \_\_\_\_\_

**Permission for Ministry Representatives to digitally communicate with your minor**

\_\_\_\_\_ **Yes**, I authorize...  
\_\_\_\_\_ **No**, I do not authorize...  
communication with my minor/s electronically, including via social media or other digital means, in accordance with the *Safe Environment Social Communications Policy for the Diocese of Green Bay* by staff ministry representatives of St Anne Catholic Church or diocesan-affiliated ministry representatives of the Diocese of Green Bay.

**Use of Social Communication & Parental Access**

\_\_\_\_\_ I certify the following children is/are **at least** 13 years old: \_\_\_\_\_ I certify the following children is/are **less than** 13 years old:

\_\_\_\_\_ I have been made aware of the *Safe Environment Social Communications Policy & Guidelines for the Diocese of Green Bay*.

**Parental access**

\_\_\_\_\_ **Yes**, I request...  
\_\_\_\_\_ **No**, I waive...  
access any communication or content involving my minor/s according to the archive, access and availability guidelines established by St. Anne Catholic Church.

**Photo/Videotape Consent & Authorization**

\_\_\_\_\_ **Yes**, I do...  
\_\_\_\_\_ **No**, I do not...  
authorize and consent that St. Anne Catholic Church, the Diocese of Green Bay and anyone authorized by St. Anne Catholic Church or the Diocese of Green Bay be permitted to use and publish for general communications, advertising, commercial and publicity purposes, the likeness of my minor/s and their original work for any other lawful purpose whatsoever, including video, audio, photographic portraits, pictures, reproductions, quotations, made through any medium, including social or other electronic media, in accordance with the *Safe Environment Social Communications Policy* for the Diocese of Green Bay.

I/we grant permission for the child on reverse to participate in any event organized by St. Anne Catholic Church between and including the dates of August 15, 2020 and May 31, 2021. If the event is offsite, I also grant permission for my child to be transported by any means of official transportation organized by St. Anne Catholic Church or their representatives. Initials: \_\_\_\_\_

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 Catholic Church, its officers, directors, employees and St. Anne Catholic Church 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. Initials: \_\_\_\_\_

**Please check 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. Initials: \_\_\_\_\_

**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:

Initials: \_\_\_\_\_

**Please Provide an Email Address to Receive All RE Updates:**

**Email:** \_\_\_\_\_