

# St. Ann's Parish

## Religious Education Enrollment Form **2023-2024**

\$30.00 fee per child \*confidential financial assistance for Religious Education fee is available, contact the Parish office.  
**\*\* Please complete this information and bring all your certificates including your birth certificate, even if you have been Baptized or made your First Confession & Communion at St. Ann's Parish and Its Missions.**

**Please check the church that your family attends:**

St. Ann's \_\_\_\_\_ Assumption Chapel \_\_\_\_\_ St. Ferdinand's \_\_\_\_\_

**Are you currently registered in the Parish: Yes \_\_\_\_\_ or No \_\_\_\_\_?**

Student's Name:	Student's Date of Birth:	Student's Place of Birth:
Did Student attend CCD classes last year?		If Yes, Where? <input type="checkbox"/> St. Ann's <input type="checkbox"/> or other: <b>(Please provided the name and address of church)</b>
Yes:	No:	
Student's Age <b>(Must Provide a Birth Certificate, if it is students first time attending ):</b>		What grade is your child in at School? _____ What school does your child attend? _____
Home Address:		Mailing Address:
Home Telephone:	Cell phone:	Alternate Number if you can't be reached:
email:		Is there another person we can discuss information: May we leave a message Yes or No
Father's Name:		Father's Religion:
Mother's Maiden Name:		Mother's Religion:

Birth Certificate Received \_\_\_\_\_

### SACRAMENT RECORDS INFORMATON

*Office use only*

Baptism: **	Date:	Church:	City:	
First Confession: **	Date:	Church:	City:	
First Communion: **	Date:	Church:	City:	
Confirmation: **	Date:	Church:	City:	

**St Ann's & Its Missions Religious Education**  
**Medical Release Form**

**This form must be completed and returned with the 2018-2019 registration form**

Family Name \_\_\_\_\_

Student Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Number \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Number \_\_\_\_\_

I \_\_\_\_\_, grant permission for the administration of first aid to the above named child by **the people in charge of St. Ann's Parish Religious Education** and those transporting my child to and from the program. I understand they will use their best judgment to make the necessary referrals to qualified physicians for the treatment of illness or accident of a more serious nature, except when delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parents/ guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Family Physician

\_\_\_\_\_  
Phone number

**Important Information**

**1. Medical Needs: Allergies, Medication, Etc....**

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
**Insurance Information**

Insurance Company \_\_\_\_\_ Policy in the Name of \_\_\_\_\_

Group # \_\_\_\_\_ Policy # or ID # \_\_\_\_\_

- Please advise the Religious Director immediately of any changes to the above information

\*\*\*\*\*  
**Parent Pick-up or Drop-off**

*I give permission for the following people to drop off or pick up my child in case of an emergency or I am not able to pick them up.*

Parents/guardians Signature \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_