



ST. ANN
CATHOLIC CHURCH

2016-2017 PRE Registration

FOR OFFICE USE ONLY:	
PD \$ _____	PDS _____
Class _____	
Sacrament Prep _____	BC _____
Parish _____	

Tuition: _____ First Child \$65 (\$50 before May 31, 2016) _____ Additional child \$35
\$120 maximum per family

RETURN THIS TOTALLY COMPLETED PACKET (ONE PER CHILD) WITH PAYMENT TO PARISH OFFICE

Student Information

Last Name: _____ First Name: _____ "Nickname": _____

Age as of 9/30/16: _____ Gender: _____ Date of Birth: _____

Grade in School for 2016-2017: _____ Name of School: _____

Please circle each grade level of Religious Education the student has completed: (PRE or Catholic School)

3yr 4yr 5yr 1 2 3 4 5 6 7 8

Special Needs in classroom/learning differences (such as ADD, ADHD, Autism, Asperger's, Dyslexia, Hearing Impairment, Visual Impairment, etc.)

Language spoken in the home (if other than English): _____

Family Information

<u>Circle One:</u> <i>Father/Stepfather/Guardian</i>	<u>Circle One:</u> <i>Mother/Stepmother/Guardian</i>
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Employer: _____	Employer: _____
Religion: _____	Religion: _____
Language(s) Spoken: _____	Language(s) Spoken: _____

Please circle which is/are the preferred phone number(s) and email address(es) to use. IF blank, please add best information:

Phone(s): _____

Email(s): _____

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

Address where student resides: _____
(Street)

(City) (State) (Zip Code)

Student Resides with: Both Parents ___ Mother ___ Father ___ Guardian _____
(If Guardian, Name)

Siblings also enrolled in St. Ann PRE: Name/Grade _____ Name/Grade _____
Name/Grade: _____ Name/Grade _____ Name/Grade _____

Student has your permission to be picked up by sibling: _____ who is in 6th grade or above

Parish where family is registered: _____
(Church Name) (City, State)

Emergency Information: if parent(s) or guardian(s) cannot be reached, please notify the following:

Name: _____ Phone: _____

Address: _____ Relationship: _____

2016-2017 PRE Health and Medical Information Indemnity and Release

Health and Medical Information

Student has (please mark all that apply, add others if needed and give pertinent information):

Allergies to: _____
 Asthma Diabetes Epilepsy/Seizure Disorder
 Hay Fever Heart Condition Frequent or Severe Headaches
 Stomach Upset
 OTHER, Please describe: _____

Medications taken regularly and purpose:

Insurance Company: _____ Insurance Phone Number: _____
Insurance Policy #: _____ Group #: _____

Thank You! This information helps us to take the best possible care of your child.

Anything else we should know to best provide care and education for your child:

I am enrolling my child in the St. Ann Catholic Church Sunday Morning Religious Education Program. I understand that as a parent, I am primarily responsible for the on-going religious formation of my child, including regular attendance at Mass, reception of the sacraments, participating in the life of the parish, and ensuring my child regularly attends religious education classes.

I give my permission for St. Ann Catholic Church to photograph or videotape my child while participating in PRE Activities and understand that these may be published in the church bulletin or website or in the newspaper. If I do not give my permission for this, I have attached my decline in writing.

I give St. Ann Catholic Church staff or volunteers permission to seek emergency medical treatment for my child if the need arises while he/she is in their care.

Should I opt out of having my child receive instruction through the Virtus Touching Safety Program for Children, as adopted by our nation's bishops for the protection of our children, I have attached my decline in writing.

If there are special custody issues that St. Ann Catholic Church should be aware of, I have attached that information in writing and will advise the PRE program administrators in writing if any custody issues arise during the school year.

Further, I agree to defend, protect, indemnify and hold harmless **St. Ann Catholic Church and School** and the **Diocese of Memphis** against and from any and all claims arising from my child's participation in this activity and/or the negligence of any participants, agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named activity. Additionally, I agree to protect, defend, hold harmless and fully indemnify **St. Ann Catholic Church and School** and the **Diocese of Memphis** for any claim or cause of action whatsoever arising out of the above mentioned activity that is brought against **St. Ann Catholic Church and School** or the **Diocese of Memphis** by anyone related to me or acting on my behalf, other classmates, or their family members whether such claim arises from the alleged negligence of **St. Ann Catholic Church and School the Diocese of Memphis**, its employees or agents.

Signature: _____ Date: _____

ALL Fields on All Pages Must Be Completed

Updated 3.31.16 kld

2016-2017 Sacrament Information

Please attach a copy of BOTH SIDES of the Baptism certificate (including notations)

Please check box if preparing to receive in 2017

Baptism

Date Received: _____
(Month/Day/Year)

Sponsor: _____

Church: _____

Street address: _____

City, State, ZIP: _____

First Reconciliation

Grade or Year Received: _____

First Eucharist

Date Received: _____
(Month/Day/Year)

Church: _____

Street address: _____

City, State, ZIP: _____

ALL Fields on All Pages Must Be Completed

Updated 3.31.16 kld