



**ST. ANN**  
CATHOLIC CHURCH

# 2017-2018 PRE Registration

|                            |           |
|----------------------------|-----------|
| FOR OFFICE USE ONLY:       |           |
| PD \$ _____                | PDS _____ |
| Class _____                |           |
| Sacrament Prep _____       | BC _____  |
| Verified Parishioner _____ |           |

Tuition: \_\_\_\_\_ First Child \$65 (\$50 before May 31, 2017) \_\_\_\_\_ 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: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Nickname (goes by at school): \_\_\_\_\_

Age as of 9/30/17: \_\_\_\_\_ 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

Circle One: *Father/Stepfather/Guardian*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Religion: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Circle One: *Mother/Stepmother/Guardian*

Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Religion: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Marital Status:   Married \_\_\_\_\_   Separated \_\_\_\_\_   Divorced \_\_\_\_\_   Widowed \_\_\_\_\_   Single \_\_\_\_\_

Address where student resides: \_\_\_\_\_  
(Street)

Student Resides with:   (City) Both Parents \_\_\_\_\_   Mother \_\_\_\_\_   Father \_\_\_\_\_   Guardian \_\_\_\_\_   (State)   (Zip Code)  
(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 6<sup>th</sup> 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: \_\_\_\_\_

**OVER... ALL Fields on All Pages Must Be Completed**

Updated 2.28.17 kld

# 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 Information (not mandatory, but extremely helpful in case of emergency)

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Agreement and Release

I am enrolling my child in the St. Ann Catholic Church 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 this parish and our PRE personnel to photograph or videotape my child while participating in PRE Activities and understand that these may be published in the church bulletin, website, social-media or in the newspaper. If I do not give my permission for this, I have attached my decline in writing. I give church staff and/or PRE 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 though 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 PRE personnel should be aware of, I have attached a copy of the official court document and I agree to advise the PRE program administrators if any custody issues arise during the school year. These agreements hold for all of my children enrolled in PRE here.

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

**ALL Fields on All Pages Must Be Completed**

Updated 2.28.17 kld

# 2016-2017 Sacrament Information

*Please attach a copy of the Baptism and/or First Eucharist sacrament certificates if these sections are blank.*

Please check box if preparing to receive in 2017-2018

## **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: \_\_\_\_\_

## **Confirmation**

Date Received: \_\_\_\_\_  
(Month/Day/Year)

Church: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**ALL Fields on All Pages Must Be Completed**

Updated 2.28.17 kld