



ST. ANN
CATHOLIC CHURCH

2017-2018 PRE Registration

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

Tuition: _____ First Child \$70 (\$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 2017-2018: _____ 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: _____

Best Phone Number: _____

Email: _____

Circle One: *Mother/Stepmother/Guardian*

Last Name: _____

Maiden Name: _____

First Name: _____

Employer: _____

Religion: _____

Primary Language: _____

Best Phone Number: _____

Email: _____

Above, please circle which is the FIRST phone number and email address to use.

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

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: _____

Relationship: _____

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

Updated 2.28.17 kld

2017-2018 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

2017-2018 Sacrament Information

Student Name: _____

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