



Annunciation Parish

45 Urban Club Road
Wayne, NJ 07470

OFFICE USE ONLY	
Amt _____	Check # _____
Date _____	Cash _____

Family Faith Formation: Registration 2020-2021

FAMILY INFORMATION...

PLEASE PRINT ALL INFORMATION

Family Name

(_____) _____
Home Phone Number

Street Address

City

Zip Code

Family E-mail Address – REQUIRED!

Additional E-mail Address

PLEASE NOTE: EMAIL IS OUR PRIMARY MEANS OF COMMUNICATION WITH YOU

Mother's Name (First, Maiden, Last)

Father's Name

Mother's Cell Phone

Father's Cell Phone

Custodial Parent (if Separated or Divorced)

TUITION AND FEES...

Tuition is \$160.00 per child with a maximum family total of \$350.00. Registration fees are non-refundable; however, in the event of a total shut down of the church (ordered by the Diocese in compliance with a State Executive Order), a prorated refund (minus the cost of books) will be available for students who opt-out of all contingency plans and choose to withdraw completely from the program. Such students will not receive credit for the year.

PROGRAM	TUITION	# OF CHILDREN	TUITION DUE
Grades 1–6	\$160		
Grades 7–8	\$160		
Grades 9–10 (Confirmation)	\$160		
SACRAMENT	FEES	# OF CHILDREN	FEES DUE
Baptism	\$25		
1 st Reconciliation & 1 st Eucharist	\$50		
Antioch Retreat Fee	TBA	X	X
TOTAL DUE:			\$

COPIES OF BAPTISMAL CERTIFICATES MUST BE PROVIDED FOR FIRST TIME REGISTRANTS

CONSENT AND MEDICAL RELEASE...

I request that Annunciation Parish allow my child(ren) to participate in its **2020-2021 Faith Formation and Youth Ministry Programs**. I hereby release and indemnify Annunciation Parish, its staff and volunteers and the Catholic Bishop of the Diocese of Paterson, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

In the event the undersigned cannot be reached, and in the judgment of a responsible person or appropriate staff member, there is a necessity for immediate examination and/or treatment of the registered child(ren), I hereby authorize any of the aforesaid personnel to obtain such medical service.

Emergency contact (other than parents):

Name _____ Relationship _____ Phone # _____

Parent/Guardian Signature

Date

CHILD ONE:

Last Name _____ First Name _____ Middle _____ Grade Fall '19 _____
 _____ / _____ / _____ M / F _____
 Date of Birth Age Sex School

List any allergies/medical conditions/special needs above.

FAITH FORMATION PROGRAMS

- GRADES 1, 3-6: Sunday a.m. or Home School
 GRADES 7-8: Sunday p.m. or Home School
 1ST RECONCILIATION/ EUCHARIST: Sunday a.m. or Summer

HIGH SCHOOL (CONFIRMATION PREPARATION)

- YEAR 1: Sunday p.m. or Summer
 YEAR 2: Sunday p.m. or Summer
 (Schedules TBA)

CHILD TWO:

Last Name _____ First Name _____ Middle _____ Grade Fall '19 _____
 _____ / _____ / _____ M / F _____
 Date of Birth Age Sex School

List any allergies/medical conditions/special needs above.

FAITH FORMATION PROGRAMS

- GRADES 1, 3-6: Sunday a.m. or Home School
 GRADES 7-8: Sunday p.m. or Home School
 1ST RECONCILIATION/ EUCHARIST: Sunday a.m. or Summer

HIGH SCHOOL (CONFIRMATION PREPARATION)

- YEAR 1: Sunday p.m. or Summer
 YEAR 2: Sunday p.m. or Summer
 (Schedules TBA)

CHILD THREE:

Last Name _____ First Name _____ Middle _____ Grade Fall '19 _____
 _____ / _____ / _____ M / F _____
 Date of Birth Age Sex School

List any allergies/medical conditions/special needs above.

FAITH FORMATION PROGRAMS

- GRADES 1, 3-6: Sunday a.m. or Home School
 GRADES 7-8: Sunday p.m. or Home School
 1ST RECONCILIATION/ EUCHARIST: Sunday a.m. or Summer

HIGH SCHOOL (CONFIRMATION PREPARATION)

- YEAR 1: Sunday p.m. or Summer
 YEAR 2: Sunday p.m. or Summer
 (Schedules TBA)

CHILD FOUR:

Last Name _____ First Name _____ Middle _____ Grade Fall '19 _____
 _____ / _____ / _____ M / F _____
 Date of Birth Age Sex School

List any allergies/medical conditions/special needs above.

FAITH FORMATION PROGRAMS

- GRADES 1, 3-6: Sunday a.m. or Home School
 GRADES 7-8: Sunday p.m. or Home School
 1ST RECONCILIATION/ EUCHARIST: Sunday a.m. or Summer

HIGH SCHOOL (CONFIRMATION PREPARATION)

- YEAR 1: Sunday p.m. or Summer
 YEAR 2: Sunday p.m. or Summer
 (Schedules TBA)

