

For Office Use

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

Fee: \_\_\_\_\_ Amt Pd \_\_\_\_\_

The Church of Saint Ann  
Parish Religious Education  
2019-2020 Re-Registration Form

Fees  
2019-2020  
\$95 one child  
\$190 two children  
\$285 three or more  
children in one family  
\$175 GOF per family

FAMILY NAME: \_\_\_\_\_

Are you currently a registered member of The Church of Saint Ann? (circle one) Yes No

If no, where are you registered? \_\_\_\_\_

*If registered at another parish, a letter from your pastor granting permission to attend must accompany this form and if receiving a sacrament at St. Ann, please have that permission granted as well.*

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**CUSTODY:** Are there any custody/legal issues?  yes  no If yes, please provide a copy of the latest court order.

**EMERGENCY CONTACT** (in the event we cannot reach the parent)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear on this page of the registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at The Church of Saint Ann.

\_\_\_\_\_ Date: \_\_\_\_\_

Signed (Parent/Legal Guardian)

For the 2019 - 2020 School Year

Child's Name	RE Level	Day School Grade	Session Choice GOF - Sunday -Monday	Allergies/Conditions Medications	IEP Learning Support Services*

\*If additional information about your child's needs would help to ensure a pleasant learning experience, please contact the Religious Education Office in person or by phone.

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

Relationship to child(ren): \_\_\_\_\_