

For office use

Family name: _____

Registered member of The Church of St. Ann _____

Fee: _____ amt. pd _____ cash _____ ck # _____

Paid through Faith Direct _____

Parish Religious Education Program Registration Form

The Church of Saint Ann

1253 Lawrence Avenue Lawrenceville, NJ 08648

609-882-6491 x116 | religiouseducation@churchofsaintann.net

Fees 2021 – 2022

RE is \$95 per child

GOF is \$160 per family (includes meals)

Make checks payable to “The Church of Saint Ann.” You can also pay by credit card through

Faith Direct (access on parish website)

Please check here if paying through

Faith Direct _____, and indicate

RE or GOF in the Note space.

Complete form. Print clearly. Please send a copy of each child’s baptismal certificate.

Child’s full name (first, middle, & last)	Gender M/F	Date of birth	School grade	Session preference Sun Mon GOF	Baptism date & parish (if received)	1 st penance year & parish (if received)	1 st Communion year & parish (if received)

Are you currently a registered member of The Church of Saint Ann? 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 Saint Ann please have that permission granted as well.

Family name: _____ Address: _____
Street City State ZIP code

Father’s name: _____ Religion _____ Cell phone # _____ Email _____

Mother’s name: _____ Religion _____ Cell phone # _____ Email _____

CUSTODY: Are there any custody/legal issues? yes no

*Name of person responsible for religious education if not a parent/guardian _____ relationship _____

*Parent/guardian must provide a signed, dated letter of permission to the director of religious education which is to be kept on file and updated annually.

EMERGENCY CONTACT INFORMATION: If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone (home) _____ (cell) _____

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Promotional Release:

I consent to the use of any photographs or videos in which my child appears by parish or the Diocese of Trenton. _____
(signature)

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the religious education program and activities at The Church of Saint Ann.

Signed (parent/legal guardian): _____ Date: _____

MEDICAL/LEARNING DATA

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's name	Medical conditions/allergies	Prescribed medications	Disability*/learning support services Please be specific and detailed	Individualized education program IEP or 504 **
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature _____ Date _____ Relationship to child(ren) _____

****We would like additional information about your child's needs to ensure a pleasant learning experience. Please contact the religious education office in person, by email or phone to review learning plans for your child(ren).**

* As defined by *Individuals with Disabilities Education Act*