

Annunciation Parish 2019-20 Religious Education Registration Form

Parent/Guardian Information

Mother: _____ Religion _____ Cell Phone _____
 First Last Maiden Name

Father: _____ Religion _____ Cell Phone _____
 First Last

Who do your children live with? Both Parents Mother Father Joint Custody
 Other adult(s). What is their name and relationship _____

Full Mailing Address: _____ Home Phone _____

Emergency contact in case a parent/guardian cannot be reached in an emergency

Name: _____ Phone Number _____



We use **Flocknote** to send out reminders, updates and cancellations to parents and high school students. Please provide us with the email and/or phone number you prefer us to use.

Email (s): _____ Mom Cell and/or Dad Cell

May we have permission to ask your High School student for their e-mail or cell phone number to include them in notifications regarding youth ministry and religious education events?

Parents will receive copies of all messages sent to teens. Yes No N/A




Please check below if you would you be interested in volunteering in our religious education program. Training and support is offered for all positions.

Catechist (a.k.a. teacher) Substitute Hall Monitor Baking
 Help preparing for GiFT on a weekday Hospitality for retreats/workshops

As I enroll my family I agree to do my best to ensure that my child(ren) will participate regularly in weekly Mass and Religious Education classes

Parent/Guardian Signature _____

Continue 

Returning Student Information

If your child has been previously registered in our religious program please just complete the following information. If this will be the first year that a child will be registered in our program complete the New Student Information Section.

Child's Name: _____ Grade _____

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Child's Name: _____ Grade _____

Is there anything that we should know about your children so we can better serve them? (Allergies, special needs, etc.)

New Student Information

If your child was not baptized at one of the Catholic churches in Gardner please provide us with a copy of his/her Baptismal Certificate.

Child's Full Name: _____ Date of Birth _____

Grade _____ School your child is attending _____

Please note the sacraments your child has already received				
Sacrament	Baptism	Penance/Reconciliation	Eucharist/Communion	Confirmation
Year Received				
Church/ Location				

Is there anything that we should know about this child so we can better serve him or her? (Allergies, special needs, etc.)

Child's Full Name: _____ Date of Birth _____

Grade _____ School your child is attending _____

Please note the sacraments your child has already received				
Sacrament	Baptism	Penance/Reconciliation	Eucharist/Communion	Confirmation
Year Received				
Church				

Is there anything that we should know about this child so we can better serve him or her? (Allergies, special needs, etc.)

Student Information

If your child was not baptized at one of the Catholic churches in Gardner please provide us with a copy of your child's Baptismal Certificate.

Child's Full Name: _____ Date of Birth _____

Grade _____ School your child is attending _____

Please note the sacraments your child has already received				
Sacrament	Baptism	Penance/Reconciliation	Eucharist/Communion	Confirmation
Year Received				
Church/ Location				

Is there anything that we should know about this child so we can better serve him or her? (Allergies, special needs, etc.)

Child's Full Name: _____ Date of Birth _____

Grade _____ School your child is attending _____

Please note the sacraments your child has already received				
Sacrament	Baptism	Penance/Reconciliation	Eucharist/Communion	Confirmation
Year Received				
Church				

Is there anything that we should know about this child so we can better serve him or her? (Allergies, special needs, etc.)

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Is there anything that we should know about this child so we can better serve him or her? (Allergies, special needs, etc.)