

Parish ID# _____

St. Ann Church & Shrine RELIGIOUS EDUCATION REGISTRATION — 2019-2020

Mailings should be sent to: Mr & Mrs Mr Mrs Ms

Family Name _____

Address _____ City _____ Zip _____

Phone _____ Home Language _____

Family Email Address _____

| <u>Father</u> |
|------------------|
| First Name _____ |
| Last Name _____ |
| Religion _____ |
| Occupation _____ |
| Cell Phone _____ |

| <u>Mother</u> |
|-------------------|
| First Name _____ |
| Last Name _____ |
| Maiden Name _____ |
| Religion _____ |
| Occupation _____ |
| Cell phone _____ |

Family Status: Married Divorced Separated Single

If Divorced or Separated please complete:

Child(ren) lives with— both parents Father Mother Other _____(Name)

Do both parents have legal access? Both parents Father Mother

| Child's First/Middle/Last Name | ✓ if new to program | Sex | Birth Date | Public School attending/2017-18 grade | RE |
|--------------------------------|---------------------|-----|------------|---------------------------------------|----|
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OVER

EMERGENCY FORM

Student Name _____

Grade _____

Allergies _____

Where can parent/guardian be reached if not at home during class hours?

Mother _____ Phone _____

Father _____ Phone _____

Names of two (2) adults who will assume responsibility if parents can not be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Additional information that we need to know about your child(ren) to be of help to him/her for example, learning disabilities, allergies, physical disabilities, medical problems, etc.

Name of Physician _____ Phone _____

Medical Insurance Company _____ Policy # _____

MEDICAL RELEASE

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Director of Religious Education or other person responsible for the program/group, or other appropriate staff member, there is a necessary for immediate examination and/or treatment of my child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for the medication deemed necessary.

Dates for which release is intended: July 1, 2017 to June 30, 2018

* Signature of Parent/Guardian _____ Date _____

PHOTO PERMISSION FORM

The activities of the Religious Education program are published on the St. Ann Church & Shrine website. Although much of the information will be in word form, we hope that photos and other graphics well be an important part of our electronic publication. In light of this, we need your permission to include photos of your child(ren) on the site. These are usually photos of groups of children. Know that we will follow suggested safety and privacy guidelines. No names or personal information will ever be posted on the St. Ann website pages.

Effective from July 1, 2017 to June 30, 2018

Check the appropriate box, sign and date your reply. I have read the notice about possible publication of my child's photo on the St. Ann website.

YES, I grant permission for St. Ann Religious Education to publish my child's photograph on the Parish website for the school year of 2017-18.

NO, I would prefer that my child's image not be published on a webpage at this time

* Signature of Parent/Guardian _____ Date _____

* Checking this box indicates signature