

# St Joseph and St. Ann Religion Registration

Date \_\_\_\_\_

## Child Information

Child's Legal Name: \_\_\_\_\_ Preferred Name \_\_\_\_\_

School Name \_\_\_\_\_

School Grade \_\_\_\_\_ Religion Grade \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  Male  Female

Church Child Attends: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Baptized: Yes / No - If yes what Church \_\_\_\_\_ City/State \_\_\_\_\_

First Communion: Yes / No - If yes what Church \_\_\_\_\_ City/State \_\_\_\_\_

Confirmation: Yes / No- If yes what Church \_\_\_\_\_ City/State \_\_\_\_\_

## MEDICAL INFORMATION

Important Medical Information/Allergies/Learning: Please list any special needs that we should be aware of (learning, behavioral, emotional, or physical) so that we can create the best environment possible.

\_\_\_\_\_  
\_\_\_\_\_

## Family Information

Father's Full Name:

\_\_\_\_\_

Father's Mailing Address:

\_\_\_\_\_

Home  
Phone: \_\_\_\_\_

Work  
Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Mother's Maiden Name:

\_\_\_\_\_

First

Maiden

Last

Mother's Mailing Address \_\_\_\_\_ Same as Above

\_\_\_\_\_

Home  
Phone: \_\_\_\_\_

Work  
Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Legal Guardian(s) Name if not Parent(s) : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Photography Permission**

       Yes I give my permission to use my child's photo for church web page and religion purpose only.

**Special Needs**    No        Yes        *my child is a special needs child.*

*Explain:* \_\_\_\_\_  
\_\_\_\_\_

**PARENTAL AUTHORIZATION**

**Check Out and/or Pick Up Authorization**

*The following individuals may check out and/or pick up my child. .*

- 1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**As I register my child for Religion Education, I hereby understand and agree:**

- That my child will make every effort to attend liturgies, prayer services, etc. that take place as part of the Religion program.
- In the event my child is in need of medical attention, the parish will use its best efforts to follow the steps on the child's information sheet.
- If I must withdraw my child before the Religion year ends, I will notify the parish office.
- The parish shall have the right to request the withdrawal of my child if the standards and requirements of conduct and behavior are not met by my child.
- I understand that an adult must come inside to pick up my child K-6<sup>th</sup> grade from their room at the end of class.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
If not Parent/Guardian, Signature of person responsible for filling out paper work for child