|  |
| --- |
| **Church of Saint Ann**  **PARISH FAITH FORMATION PROGRAM**  **STUDENT REGISTRATION 2023-2024**  **Please print clearly & complete both sides** |

## STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AS NAME APPEARS ON BAPTISMAL CERTIFICATE** Gender

**ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**TOWN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE**\_\_\_\_\_\_\_\_\_

**D.O.B**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAMILY EMAIL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOTHER**’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELIGION\_\_\_\_\_\_\_\_\_\_\_\_\_\_DECEASED?\_\_\_**CELL PHONE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST Maiden LAST

**FATHER**’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELIGION\_\_\_\_\_\_\_\_\_\_\_\_\_\_DECEASED?\_\_\_**CELL PHONE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST LAST

If different from parent

**LEGAL GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**RELIGION\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL PHONE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST LAST

**WITH WHOM DOES STUDENT RESIDE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF NO CELL – EMERGENCY PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN WHAT PARISH IS FAMILY REGISTERED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to student Name**

**LAST RE GRADE ATTENDED \_\_\_\_\_\_ WHERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **SACRAMENTS** | **DATE** | **CHURCH** | **LOCATION** |
| Baptized Catholic |  |  |  |
| Other than Catholic |  |  |  |
| First Reconciliation |  |  |  |
| First Eucharist |  |  |  |
| Confirmation |  |  |  |
| Profession of Faith |  |  |  |
| Full Initiation |  |  |  |
| **PLEASE ATTACH A COPY OF BAPTISM CERTIFICATE \_\_\_\_\_\_\_\_\_\_** | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | **Reg Date** |  |
| **Total children:** | | | Tuition | $ |  |
| **Other Grades:** | | | Fees | + |  |
|  | | | **Total due** | $ |  |
|  | | | Paid | $ |  |
|  | | | Paid | $ |  |
|  | | | Paid | $ |  |
| Photo | Walker | Alert | Paid | $ |  |

**Special Needs Survey**

**STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| CONFIDENTIAL | Please share any medical, educational or custodial issues that could affect your child while in our care | OFFICE USE ONLY |
| Medical |  |  |
| Educational |  |  |
| Medications \* |  |  |
| Parental Custodial Issues |  |  |

I understand that: I must file a separate permission form to allow my child to walk out of the building and/or walk home without an adult.

Medications will never be administered to any child by other than a parent.

To avoid missing important program messages, including emergency closings, I must sign up for text notification.

It is imperative that I notify you of any status change, especially contact information.

Cell phones used by students during class time may be confiscated and returned only to a parent.

My family must support this program by volunteering in some capacity. **I will volunteer as**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My family is expected to model the Catholic faith for my children and attend Mass regularly.

**Please Initial**:\_\_\_\_\_\_\_\_\_\_\_ I have read and understand the above statements

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

**REGISTERED BY (**Parent / Legal Guardian only)  Please Print **RELATIONSHIP TO STUDENT**

**Promotional Release**: *I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.*

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Legal Guardian

If needed, I consent for my child to participate in virtual learning. Our family will abide by all Religious Education Policies & rules regarding virtual learning.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Legal Guardian