

Grade as of 9/08

2008-2009 REGISTRATION CARD

St. Ann Parish Religious Education

Office Use Only	
Processed	Bapt. Ctf.

Please complete one card per child

PLEASE PRINT

Child's First Name ↑ Last Name Nick Name School

Father's First Name ↑ Last Name Mother's First Name Last if different

Street ↑ Town

Telephone ↑ Email

Circle Class Day/Time:

Grades K-5

Sunday 10:15 – 11:30 am

Wednesday 3:00 – 4:15 pm

Grades 6-8

Wednesday 7:00 – 8:30 pm

Monday 7:00 – 8:30 pm @St.Z, Gr. 6 only)

Tuesday 7:00 – 8:30 pm @St.Z, Gr. 7 only)

Grades 9-10

Sunday 7:00 – 8:30 pm

The Religious Education Program exists to partner with you in teaching all ages about our Catholic faith. In the spirit of this partnership we need and look forward to your help. Please let us know in what areas you would be willing to partner with us: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Catechist Grades K-5 | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Catechist Grades 6-8 | <input type="checkbox"/> Coordinate First Communion Reception |
| <input type="checkbox"/> Catechist/Small Group Leader Grades 9-10 | <input type="checkbox"/> Coordinate Confirmation Rehearsal Dinner |
| <input type="checkbox"/> Substitute Catechist | <input type="checkbox"/> Coordinate Graduation Mass Reception |
| <input type="checkbox"/> Liturgy of the Word with Children | <input type="checkbox"/> Multicultural Mass Reception |
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Peace and Justice projects |
| <input type="checkbox"/> Hall Monitor during class time | <input type="checkbox"/> Easter Egg Hunt |
| <input type="checkbox"/> Nativity Play producer/director | <input type="checkbox"/> Other: _____ |

What do you wish we offered that you would participate in? _____

Are you registered in the parish? (Do you receive the parish mailings?) Yes No

Name of child: _____ Date of Birth _____
Name of child: _____ Date of Birth _____
Name of child: _____ Date of Birth _____

Emergency Information

If information is identical for all children only one emergency form needs to be filled out.

Who is authorized to pick up your child from religious education classes? (List all)

Emergency contacts:

1. _____
Full name _____ relationship to child _____
Tel. # _____ Cell # _____ Pager # _____

2. _____
Full name _____ relationship to child _____
Tel. # _____ Cell # _____ Pager # _____

In case of emergency, the Director of Religious Education will make every attempt to contact the parent/guardian or those emergency contacts listed above. Your child will be transported by ambulance to an emergency care facility if immediate medical attention is necessary.

Physician name _____ Tel. # _____
Health Insurance _____ Policy # _____

Medical information received is confidential, however, I give permission to exchange this information with my child's catechist. Yes _____ No _____

Medication taken **REGULARLY**: _____

Does the child carry an Epi-Pen? Yes _____ No _____

Please check any/all that apply:

___ Heart Condition _____ Asthma
___ Depression _____ Migraines
___ Hearing Problems _____ Diabetes
___ Vision Problems _____
___ Seizures _____ Allergies (specify) _____
___ Physical Limitations (specify) _____

It is very helpful for us to know if a child has limitations for which classroom/teaching adjustments can be made. If your child has such limitations, i.e. ADD, ADHD, or learning difficulties, you can speak in-person to the program director or catechist to make us aware of your child's specific needs or list them below.

___ Learning Limitations(specify) _____

Signature of person completing form _____ **Date** _____

Saint Ann Parish
Religious Education Program

2008-2009 Registration Payment Form

Registration Fee Structure

One Child
\$100

Two or more Children
\$200

* No child is ever excluded due to inability to pay fees. Please contact the Pastor or Religious Education Coordinator if arrangements need to be made for fee payment.

**Confirmation level retreat fee is not included in registration fees and will be billed separately.

Free will donations to our parish's Religious Education Program have been of tremendous assistance over the years. If possible, please consider making a donation that will go directly to supporting the religious education of our parish children and youth.

**Donations to the Religious Education Program are tax deductible.
Registration Fees are not tax deductible**

Please complete this Registration Payment Form and return it with the required registration materials to:

**St. Ann Parish Office
124 Cochituate Road
Wayland, MA 01778-2610**

.....
Family Name _____

Address _____

Registration Fee (see above) \$ _____
Donation (optional) \$ _____

Total Amount Enclosed \$ _____ **check #** _____

Please make checks payable to: St. Ann Rel. Ed. Program

Baptismal Certificate is required for:

- **All new-to-the –program students**
- **All students in sacramental prep
(normally Grade 1 & 9)**

Students will not be placed in a class without a completed registration packet:

- **1 registration card per student**
- **1 health form**
- **1 payment form**
- **baptism certificate (if applicable)**