

Annunciation Catholic Church

Faith Formation Registration 2020-21

FOR OFFICE USE ONLY

DATE: _____
CHECK: _____
CASH: _____
DUE: _____

(Family Last Name)

(Address)

(Email)

(City) (State) (Zip)

(Languages Spoken at Home)

Parents/Guardians

Father

Mother

Name: _____

Name: _____

(Home phone)

(Home phone)

(Cell phone)

(Cell phone)

Local Emergency Contact

Contact's Name: _____

Name of Physician: _____

Contact's Cell Phone: _____

Physician's Phone: _____

Contact's Home Phone: _____

Policy #: _____

Medical Insurance Co: _____

Permission Requests

*If I cannot be reached in case of an emergency the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the child(ren) listed on this registration.

*I give permission for my child(ren) to be photographed and to use my child's picture in Parish, Diocesan publications and web site.

*Signature of Parent/Guardian

*Date:

Registration Fees

Note: Please pay at time of registration if possible.

- **Faith Formation PreK-5th** (per child).....\$25
- **Youth Group** (6th-12th) suggested donation.....\$10

Total Due: \$ _____

Please Note: Faith Formation Fees are waived for Catechists and confidentially for anyone who expresses financial hardship.

Child's Name: _____
(Last) (First) (Middle)

Nickname: _____ M/F Birth Date: _____ Grade Fall 2020: _____

Attended Faith Formation and/or Catholic School (Circle all that attended): PK K 1 2 3 4 5 6 7 8 9 10 11

Sacrament Received	Yes/No	Date	Church	City, State
Baptism				
Reconciliation				
Holy Communion				
Confirmation				

Health Information:
Allergies/ Special Concerns: _____

Epi-pen? Yes/No
*If child needs Epi-pen, inhaler, etc. they must bring it with them while in class. Parents are responsible for providing all medical equipment for their child.

Child's Name: _____
(Last) (First) (Middle)

Nickname: _____ M/F Birth Date: _____ Grade Fall 2020: _____

Attended Faith Formation and/or Catholic School (Circle all that attended): PK K 1 2 3 4 5 6 7 8 9 10 11

Sacrament Received	Yes/No	Date	Church	City, State
Baptism				
Reconciliation				
Holy Communion				
Confirmation				

Health Information:
Allergies/ Special Concerns: _____

Epi-pen? Yes/No
*If child needs Epi-pen, inhaler, etc. they must bring it with them while in class. Parents are responsible for providing all medical equipment for their child.

Child's Name: _____
(Last) (First) (Middle)

Nickname: _____ M/F Birth Date: _____ Grade Fall 2020: _____

Attended Faith Formation and/or Catholic School (Circle all that attended): PK K 1 2 3 4 5 6 7 8 9 10 11

Sacrament Received	Yes/No	Date	Church	City, State
Baptism				
Reconciliation				
Holy Communion				
Confirmation				

Health Information:
Allergies/ Special Concerns: _____

Epi-pen? Yes/No
*If child needs Epi-pen, inhaler, etc. they must bring it with them while in class. Parents are responsible for providing all medical equipment for their child.

Annunciation Catholic Church

Faith Formation Student Release Form

2020-21

Catechists are responsible for releasing minors in their care at the close of activities only to parents/legal guardians, or other persons designated by parents/legal guardians on this form. Older students may be released without parental supervision **only** if indicated on this form.

For the release of **PreK thru 8th** graders to an older sibling in 9th through 12th grade or an adult (other than parents/guardians):

My child(ren): _____

in grade(s): _____

have my permission to be released to: _____

_____ **at the close of Faith Formation class.**

Parent or Guardian Signature

Date

For the release of **9th through 12th** graders:

My child(ren): _____

in grade(s): _____

have my permission to be released without parental supervision.

Parent or Guardian Signature

Date