

2018-2019

FEES ARE NON-REFUNDABLE

Faith Formation/Sacramental Preparation Registration form (please PRINT)

Please make checks payable to:
St. Ann Church

Family Name: _____

FOR OFFICE USE ONLY

Address: _____

Amount Due: _____

City: _____ Zip _____

Amount Paid: _____

Home Phone: _____ Cell _____

Cash/Check#:

Mailing Address _____

(if different from above)

Registered in this Church? Y N What is your envelope number? _____

If Not registered Please register online stannblackrock.com or in the Parish office.

PARENTS/GUARDIANS

Relationship to child: _____

Relationship to child: _____

Name: _____

Name: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Religion: _____

Religion: _____

Marital Status: _____

Marital Status: _____

Primary Language: _____

Primary Language: _____

I am interested in helping with Rel Ed by: _____

I am interested in helping with Rel Ed by: _____

If student is not living with his or her birth mother and/or father, please enter the following

Birth Father: _____ Birth Mother: _____ Maiden: _____



Sign Out Instructions & Release

Pick up instructions: All students 5th grade and younger must be walked to class by a parent and will only be released to an authorized Parent/Adult. For the safety and protection of all children, we have a strict **Sign Out policy**. Each person who has permission to pick up your child/children after class must be listed below. If your child will be walking home, please indicate below and sign acknowledging consent. **We need written confirmation before we release your child to anyone not listed in the below section.** This is very much for the protection and safety of your children. Thank you so much for your understanding and compliance.

LIST ALL ADULTS APPROVED FOR PICKUP

_____ My child(ren) can walk home

Name: _____ Contact Phone: (_____) _____

Name: _____ Contact Phone: (_____) _____

Name: _____ Contact Phone: (_____) _____

Name: _____ Contact Phone: (_____) _____

Parent Signature _____ Print Name _____

Phone Number where can you be reached during Faith Formation class: _____

Family Name _____ Phone _____ Cell Phone: _____

STUDENT INFORMATION

Child #1

Single Child Tuition \$75

Sex: Male/Female

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date: _____ Birth Place: _____ *Must have original **Birth Certificate***

Public School Catholic School School Grade **18/19** _____

Name of School: _____ Language spoken at home (other than English): _____

Does your child have any special needs? _____

If yes: Medical, allergies, learning/physical disabilities: _____

Sacraments Received

Yes / No	Baptism	Date ___/___/___	Location OF BAPTISM (Church name and complete address) _____ _____
			If military baptism, what is the military number? _____ Must have original Baptismal Certificate

NAME OF CHURCH , City and State

Yes / No 1st Penance ___/___/___ _____

Yes / No 1st Communion ___/___/___ _____

Yes / No Confirmation ___/___/___ _____

(New students, please include a copy of sacramental certificate including parish name where received with completed registration)

Last Rel Ed Grade: _____ Last Year Student attended Rel Ed or Catholic School _____

Registering For: K____ 1st year Communion 3rd Year____ 4th Year____ 5th Year____ 6th Year____ 1st year Confirmation____

Classes: Tuesdays 4:30pm – 6pm

***if you prefer Sunday, please choose a session below, if we have enough interest to have a class, we can update the schedule**
_____ SUN 11:30 A.M. -12:30 P.M. _____ SUN 1:30 P.M. – 2:30 P.M.

Must have completed prior religious education requirements to sign up for sacramental Classes. SACRAMENTAL Classes will be on SUNDAY

Sacramental Classes: 2nd year Communion (1st Rec & 1st Communion) ____ (\$50 sacramental fee) 2nd year Confirmation ____ (\$75 sacramental fee)
_____ SUN 11:30 A.M. -12:30 P.M. _____ SUN 1:30 P.M. – 2:30 P.M. _____ SUN 4:00 P.M. – 5:30 P.M. _____ Youth Group

NOTES

The Catholic Church believes that parents are the primary faith educators of our children. Faithful attendance at Sunday Mass nourishes your child’s faith and fosters a greater relationship with God, as well as creates a sense of belonging to our larger faith community.
Attendance at Sunday Mass is a base requirement for our Faith Formation Program.

Family Name _____ Phone _____ Cell Phone: _____

Medical Release and Parent Acknowledgement – St Ann Church

The following information must be completed and the form returned to the office of Faith Formation with your registration before classes begin. CHILD’S NAME: _____

In the event of an emergency where the parent cannot be reached the child will be taken to the nearest medical facility. I(we) authorize any representative of St Ann Church to seek medical treatment for my child.

Emergency Contact Name: _____ Emergency Phone: _____

PARENT/GUARDIAN SIGNATURE _____

PRINT PARENT NAME _____ DATE _____

Please read and initial each section below:

____ I/We understand that religious, spiritual formation of the family takes place when we gather as a Catholic community to worship. As part of my responsibility for the religious education of my children, I commit and promise that my family will regularly attend Sunday Mass.

____ I/We accept responsibility for VIRTUS “Safe Environment Training” classes and/or materials.

____ I/We understand that it is my responsibility to familiarize myself with the policies, procedures, and session dates for the parish Faith Formation program in which I am registering my child/ren. I understand that the policies and dates are subject to change upon written notification by the Faith Formation Directors.

____ I/We understand that tuition is due in full by March 1, 2019.

____ I/We as parents of child/ren registered in St Ann Faith Formation understand that we have a responsibility to provide for the adequate financial support of this parish program. I/We commit to providing 4 hours of volunteerism to support any St Ann Church events and fund-raising efforts that assists in generating the money necessary to support the yearly Faith Formation budget. If I/We are unable to provide volunteer hours, I understand I will be assessed a **fee of \$10/per hour not worked**. This fee is due no later than July 1, 2019.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Attendance and Pick Up: our time with your children is limited, our attendance policy is documented in our Faith Formation Handbook.

____ I/We understand that it is my responsibility to report absences and work with the Faith Formation Catechist to make up sessions missed. Call to parent will be placed after 3rd absence.

____ I/We understand that my child will NOT be released to any person not listed as an adult approved for pick up. I commit to making sure that I communicate any changes to the Faith Formation Office as soon as I am aware of the change by e-mailing:

RelEd@StAnnBlackRock.com with Subject line: child’s Name & class, provide name and number of person picking child up.

____ I/We understand that if my child misses 5 or more weekends of Mass and 5 or more he/she will not be able to receive a sacrament.

PUBLICITY RELEASES/PHOTOS: From time to time, publicity releases for parish bulletin, website, newspapers, television, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St Ann Church or a media representative. I give permission for my student(s) name and likeness to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Safe Environment Training: [print name] _____ acknowledge that I am aware of the Diocesan mandate with regard to Safe environment training for parents and students. Please check all that apply and sign/print/date as appropriate in the spaces provided.

1. ____ I will attend the Parent/Student Safe Environment Education Program (VIRTUS) as scheduled by the Parish.
2. ____ I **decline** to attend the Safe Environment (VIRTUS) class. In declining I understand that I WILL NOT be able to attend any Rel Ed related activities with my child. I will NOT BE able to volunteer for Rel Ed Activities or Parish Events. I understand that I will NOT be permitted to enter the building during class hours.
3. ____ I **have** a valid VIRTUS Certification card. Expiration date: _____.

This consent is renewed at the beginning of each Faith Formation program year. This consent may be revoked in writing.

Family Name _____ Phone _____ Cell Phone: _____

STUDENT INFORMATION

Child #2

Two Children Tuition \$100

Sex: Male/Female

Last Name _____ First Name _____ Complete Middle Name _____

Birth Date: _____ Birth Place: _____ *Attach Copy of Birth Certificate*

Public School Catholic School School Grade 18/19 _____

Name of School: _____ Language spoken at home (other than English): _____

Does your child have any special needs? _____

If yes: Medical, allergies, learning/physical disabilities: _____

Sacraments Received

Yes / No	Baptism	Date ___/___/___	Location OF BAPTISM (Church name and complete address) _____ _____
			If military baptism, what is the military number? _____ Must have original Baptismal Certificate

NAME OF CHURCH , City and State

Yes / No 1st Penance ___/___/___ _____

Yes / No 1st Communion ___/___/___ _____

Yes / No Confirmation ___/___/___ _____

(New students, please include a copy of sacramental certificate including parish name where received with completed registration)

Last Rel Ed Grade: _____ Last Year Student attended Rel Ed or Catholic School _____

Registering For: K _____ 1st year Communion 3rd Year _____ 4th Year _____ 5th Year _____ 6th Year _____ 1st year Confirmation _____

Classes: Tuesdays 4:30pm – 6pm

***if you prefer Sunday, please choose a session below, if we have enough interest to have a class, we can update the schedule**

_____ SUN 11:30 A.M. -12:30 P.M. _____ SUN 1:30 P.M. – 2:30 P.M.

Must have completed prior religious education requirements to sign up for sacramental Classes. SACRAMENTAL Classes will be on SUNDAY

Sacramental Classes: 1st Rec & 1st Communion _____ (\$50 sacramental fee)

Confirmation _____ (\$75 sacramental fee)

_____ SUN 11:30 A.M. -12:30 P.M. _____ SUN 1:30 P.M. – 2:30 P.M.

SUN 4:00 P.M. – 5:30 P.M. _____ Youth Group

NOTES

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Attendance at Sunday Mass is a base requirement for our Faith Formation Program.

Family Name _____ Phone _____ Cell Phone: _____

Medical Release and Parent Acknowledgement – St Ann Church

The following information must be completed and the form returned to the office of Faith Formation with your registration before classes begin. CHILD’S NAME: _____

In the event of an emergency where the parent cannot be reached the child will be taken to the nearest medical facility. I(we) authorize any representative of St Ann Church to seek medical treatment for my child.

Emergency Contact Name: _____ Emergency Phone: _____

PARENT/GUARDIAN SIGNATURE _____

PRINT PARENT NAME _____ DATE _____

Please read and initial each section below:

_____/I/We understand that religious, spiritual formation of the family takes place when we gather as a Catholic community to worship. As part of my responsibility for the religious education of my children, I commit and promise that my family will regularly attend Sunday Mass.

_____/I/We accept responsibility for VIRTUS “Safe Environment Training” classes and/or materials.

_____/I/We understand that it is my responsibility to familiarize myself with the policies, procedures, and session dates for the parish Faith Formation program in which I am registering my child/ren. I understand that the policies and dates are subject to change upon written notification by the Faith Formation Directors.

_____/I/We understand that tuition is due in full by March 1, 2019.

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PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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_____/I/We understand that my child will NOT be released to any person not listed as an adult approved for pick up. I commit to making sure that I communicate any changes to the Faith Formation Office as soon as I am aware of the change by e-mailing:

RelEd@StAnnBlackRock.com with Subject line: child’s Name & class, provide name and number of person picking child up.

_____/I/We understand that if my child misses 5 or more weekends of Mass and 5 or more he/she will not be able to receive a sacrament.

PUBLICITY RELEASES/PHOTOS: From time to time, publicity releases for parish bulletin, website, newspapers, television, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St Ann Church or a media representative. I give permission for my student(s) name and likeness to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Safe Environment Training: [print name] _____ acknowledge that I am aware of the Diocesan mandate with regard to Safe environment training for parents and students. Please check all that apply and sign/print/date as appropriate in the spaces provided.

4. ___ I will attend the Parent/Student Safe Environment Education Program (VIRTUS) as scheduled by the Parish.
5. ___ I **decline** to attend the Safe Environment (VIRTUS) class. In declining I understand that I WILL NOT be able to attend any Rel Ed related activities with my child. I will NOT BE able to volunteer for Rel Ed Activities or Parish Events. I understand that I will NOT be permitted to enter the building during class hours.
6. ___ I **have** a valid VIRTUS Certification card. Expiration date: _____.

This consent is renewed at the beginning of each Faith Formation program year. This consent may be revoked in writing.

Family Name _____ Phone _____ Cell Phone: _____

STUDENT INFORMATION

Child #3

Max Family Tuition \$125

Sex: Male/Female

Last Name _____ First Name _____ Complete Middle Name _____

Birth Date: _____ Birth Place: _____ *Attach Copy of Birth Certificate*

Public School Catholic School School Grade 18/19 _____

Name of School: _____ Language spoken at home (other than English): _____

Does your child have any special needs? _____

If yes: Medical, allergies, learning/physical disabilities: _____

Sacraments Received

Yes / No	Baptism	Date ___/___/___	Location OF BAPTISM (Church name and complete address) _____ _____
			If military baptism, what is the military number? _____ Must have original Baptismal Certificate
			NAME OF CHURCH , City and State _____
Yes / No	1 st Penance	___/___/___	_____
Yes / No	1 st Communion	___/___/___	_____
Yes / No	Confirmation	___/___/___	_____

(New students, please include a copy of sacramental certificate including parish name where received with completed registration)

Last Rel Ed Grade: _____

Last Year Student attended Rel Ed or Catholic School _____

Registering For: K _____ 1st year Communion 3rd Year _____ 4th Year _____ 5th Year _____ 6th Year _____ 1st year Confirmation _____

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Sacramental Classes: 1st Rec & 1st Communion _____ (\$50 sacramental fee)

Confirmation _____ (\$75 sacramental fee)

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Emergency Contact Name: _____ Emergency Phone: _____

PARENT/GUARDIAN SIGNATURE _____

PRINT PARENT NAME _____ DATE _____

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Safe Environment Training: [print name] _____ acknowledge that I am aware of the Diocesan mandate with regard to Safe environment training for parents and students. Please check all that apply and sign/print/date as appropriate in the spaces provided.

7. ____ I will attend the Parent/Student Safe Environment Education Program (VIRTUS) as scheduled by the Parish.

8. ____ I **decline** to attend the Safe Environment (VIRTUS) class. In declining I understand that I WILL NOT be able to attend any Rel Ed related activities with my child. I will NOT BE able to volunteer for Rel Ed Activities or Parish Events. I understand that I will NOT be permitted to enter the building during class hours.

9. ____ I **have** a valid VIRTUS Certification card. Expiration date: _____

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