CHRISTIAN FORMATION Registration & Medical Release

Parents'/Guardians' Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ you will receive communications at this address

Alternate Emergency contact person and phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Please list for each child grade, school, allergies, medical conditions, learning or intellectual disability, emotional problems, etc**. (write on separate piece of paper if you need more space)

**Child#1** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 allergy/medical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learning disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 please list any medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child#2** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 allergy/medical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learning disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 please list any medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child#3** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 allergy/medical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learning disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 please list any medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate your preferred day for **SUNDAY or WEDNESDAY Elementary Classes PreK (age 4 by September 30, 2016) thru 5th**

**SUNDAY (9:45 - 11:00 AM):** \_\_\_\_\_\_\_\_\_\_ **WEDNESDAY (6:30 – 7:30 PM) \_\_\_\_\_\_\_\_\_\_**

**Living Life on the Edge (grades 6-12)** meets Sunday 6:30 – 8:00 pm (optional dinner for $3.00 at 6:00 pm)

**C. Insurance** Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder’s Name & Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***MEDICAL RELEASE*** *- In the event of an emergency, I give authority to Fr. Danny, Staff or other officially designated adults to authorize the medical treatment of my child/children in my absence. I understand that an attempt to notify me will be made before any medical treatment is authorized. (If this information changes during the school year please notify the Christian Formation office.)*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

![MC900432562[1]]()

**D. VIDEOS and PHOTOS** are occasionally taken at parish events and posted on the parish website or the Youth Newsletter. No last names are listed with the photos. If you do NOT wish to have your child’s/children’s picture on the website or newsletter, please sign here. Otherwise we assume permission is granted.

I do NOT want my child’s picture or video posted on the parish website or newsletter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. Please list here the Sacramental needs of your family this year**

Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Sacrament needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Sacrament needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sacrament needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. **We need YOU** for the programs to be successful! Helping with formation is an exciting and rewarding opportunity for you to grow in your faith as well as to pass our faith onto our children/ youth.

Please write “Mom or Dad next to the job she/ he is willing to do this year!

**ELEMENTARY CHRISTIAN FORMATION: AGES 4 – 5TH GRADE**

\_\_\_\_ Elementary Catechist or Co-catechist for Grade \_\_\_\_\_\_\_\_

\_\_\_\_ Elementary Aide (assists catechist weekly) for Grade \_\_\_\_\_\_\_\_

\_\_\_\_ Substitute for Elementary Grades \_\_\_\_\_\_ Office Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Help with Family Events or Special Activities for Elementary CF

\_\_\_\_ Children’s Liturgy of the Word (once a month during liturgy of your choice—September - May)

**Living Life on the Edge (GRADES 6 – 12)**

\_\_\_\_\_ Small group leader (Adults)

\_\_\_\_\_ Peer Leader (Confirmed 11th & 12th grader)

\_\_\_\_ Coordinate food & set –up for meals for grades 6 – 12

\_\_\_\_\_ Assist with food and set-up for meals for grades 6 - 12

 \_\_\_\_ Help with Confirmation Reception (9th grade parents)

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G. CHRISTIAN FORMATION FEE for books and materials:**

1 child $ 35.00

 2 children $ 55.00

 3 or more $ 70.00

**SACRAMENTAL PREPARATION Fee**: Sacramental fees are in addition to regular CF Fees

 Book Fee: First Penance/First Eucharist $25.00 per child

Retreat Fees for Confirmation student $150.00 (pays for 2 day retreats and 1 weekend overnight retreat)

**Scholarships are available if needed, call the Christian Formation Office at 526-2548. No one will be turned away!**

Please complete forms and mail to St. Ann Church CF Office or drop in the return box in the Church Commons. You can include a check or you can pay by credit or debit card or automatic withdrawal by going to WeShare on the parish website- [www.stanncc.com](http://www.stanncc.com) . Click on Christian Formation registration and the site will walk you through the process. You do still need to complete and return the forms.

# OFFICE INFORMATION – to be completed by Christian Formation Office

**DATE FEE**

**RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK # \_\_\_\_\_\_\_\_\_ CASH \_\_\_\_\_\_ AMOUNT \_\_\_\_\_\_\_\_\_\_\_**