

St. Ann Religious Education Registration for 2018-19 School Year

| Last Name | First Name | Date of Birth | Grade in fall | Sacraments Received (check) | | | Special needs/Considerations/ Learning styles/Allergies |
|-----------|------------|---------------|---------------|-----------------------------|----------------|-----------|--|
| | | | | Baptism | Reconciliation | Eucharist | |
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Child(ren)'s Address: _____
Street City Zip

Mother's Name: _____ Catholic? (Please Circle): Yes/No
Last Name First Name

Mother's Address: _____
Street City Zip

Father's Name: _____ Catholic? (Please Circle): Yes/No
Last Name First Name

Father's Address (if different) _____
Street City Zip

Home/Cellular Phone Number(s): _____

Preferred Email Address(es): _____

(Your email address is a very important communication tool and will not be shared outside the Parish.)

PARENTAL NOTIFICATION POLICY *If your child is absent from class and you haven't notified us in advance, we're required by the Diocese to call home. Please check your preference below:*

___ **NO, I waive parental notification and do not need to be called.** ___ **YES, I would like to be called if my child is absent from religion class.**

SACRAMENTAL PREPARATION POLICY: *At St. Ann Parish, it is customary for children to receive **First Reconciliation** and **First Communion in Grade 2** (although older children are very welcome to participate) and **Confirmation in Grade 9**. St. Ann Parish policy requires attendance at Religious Education classes to build the basic foundation needed to understand and receive these sacraments. If there has been a lapse in attendance, it will be necessary for the students to attend an extra course of study to get them caught up with the rest of the class. Please consult Shaun Kleitsch for Grades K-5 or Cathie Truehl for Grades 6-12 for more information.*

◆ Will any of your children require "catch up catechesis" to prepare for one of these sacraments? YES NO NOT SURE

◆ If your child is in Grade 2, are you willing to commit to supplemental sacramental preparation this year, including:

(a) attendance at three **REQUIRED** Sunday-afternoon meetings at the parish and (b) a home-study workbook for each sacrament? YES NO

| <u>REGISTRATION FEES:</u> | |
|--|------------|
| For All Grades: 1 child - \$90 2 children - \$125 3 + children - \$ 140 | \$ _____ |
| 2 nd grade: Add \$30 for sacrament home study books | + \$ _____ |
| 6 th grade: Add \$25 for a Catholic Youth Bible | + \$ _____ |
| 9 th grade: Add \$75 for Confirmation Retreat Fee | + \$ _____ |
| Subtract if you volunteer as follows: \$90 for catechists \$45 for aides/sm. group leaders (adults only) | - \$ _____ |
| Total Fees Due | \$ _____ |

Please return registration and payment to:
St. Ann Religious Education
323 N. Van Buren St.
Stoughton, WI 53589
***Checks should be made payable to**
St. Ann Religious Education.

No child of the parish shall be denied admission to St. Ann's Religious Education Program for financial reasons. Please contact Shaun or Cathie if help is needed.

**→Please continue on
reverse side→**

Volunteer Sign-Up – Thank you for sharing your time and gifts!

WE REALLY APPRECIATE YOUR WILLINGNESS TO SERVE! We ask every family to prayerfully consider volunteering their time throughout the school year. This helps us to keep costs down, students adequately supervised, and family involvement at its best. Parents, grandparents and older siblings (age 15+) are all great helpers!

Some tasks (marked ♥) require “Safe Environment” training on the part of adults. If not already certified, we can get you the information you need to obtain certification/training.

| Interested? Please check! | Time/Day | Volunteer Description | Desired Grades/Times/Jobs (Circle/Check all that apply) | Name of Volunteer |
|---------------------------------|----------------------------|--|--|----------------------|
| | Sun 9:15 Wed 6:30 | Classroom Catechist (1-2 needed per grade) ♥ | K 1 2 3 4 5 6 7 8 | |
| | Sun 9:15 Wed 6:30 | Substitute Catechist ♥ | K 1 2 3 4 5 6 7 8 | |
| | Sun 9:15 Wed 6:30 | Classroom Aide (1-2 needed per grade) ♥ | K 1 2 3 4 5 6 7 8 | |
| | Wed 6:30 | Small Group/Table Leader ♥ | Grade 9 (Confirmation) | |
| | Wed. 6:30 | Facilitator or Aide ♥ | High School Ministry (10 th /11 th /12 th) | |
| | Wed 6:30 | Hall Monitor | Grades 6-12 | |
| | Wed 6:30 | Make phone calls to report student absences | Grades 6-12 | |
| | One weekend per month | Children’s Liturgy of the Word: ♥ __Presenter __Substitute | Mass preference: __ 8:00am __ 10:30am | |
| | Sunday afternoons, 3 dates | Childcare for Sacrament preparation meetings ♥ | __Dec.2__Mar. 3 __Apr.14 | |
| | Occasional | Martha Ministry | Provide food for special events | |
| | Fall/September | Kick Off Meeting Helpers | __6-8, 10-12 __9 (Confirmation) | |
| | Spring/April | End of Year Meeting Helpers | __6-12 | |
| | May 5, 2019 | Baccalaureate Brunch Planners/Helpers | Hosted by 11 th grade families | |
| | Occasional | Help cutting out/assembling crafts, etc. | Can do at church or at home | |

Medical and Emergency Contact Information & Shared Photo Information

In the *event of an emergency*, please call: _____ at: _____

Or, *if that person cannot be reached immediately*, then call: _____ at: _____

| | | | | |
|--|-----------------|------------------------------------|--------------------|----------------|
| Child’s Name: | Child’s Doctor: | Doctor’s Phone: | Insurance Carrier: | Policy Number: |
| Allergies we should be aware of: | | Medications we should be aware of: | | |
| In case of emergency, my child should be taken to this hospital: | | | | |

| | | | | |
|--|-----------------|------------------------------------|--------------------|----------------|
| Child’s Name: | Child’s Doctor: | Doctor’s Phone: | Insurance Carrier: | Policy Number: |
| Allergies we should be aware of: | | Medications we should be aware of: | | |
| In case of emergency, my child should be taken to this hospital: | | | | |

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|--|-----------------|------------------------------------|--------------------|----------------|
| Child’s Name: | Child’s Doctor: | Doctor’s Phone: | Insurance Carrier: | Policy Number: |
| Allergies we should be aware of: | | Medications we should be aware of: | | |
| In case of emergency, my child should be taken to this hospital: | | | | |

We like to share photos of our program happenings in the parish bulletin and newsletter, on the parish website and occasionally in the local newspapers so that our parishioners can participate in the joy of seeing your youth in action. If you prefer that your children NOT be included in these photos, please check here.

Parent/Guardian Signature: