



REGISTRATION FEE • \$30 PER STUDENT
OUR CGS COORDINATOR WILL CONTACT YOU
TO DISCUSS CLASS OFFERINGS AND SCHEDULING

Are you a registered member of St. Anne parish?
YES NO

Child's Name: _____

Date of Birth: _____

Age: _____ Sex: MALE FEMALE

Has this child attended CGS before? YES NO
If yes, please list where they have attended CGS, and which level(s) they have completed. _____

Child Resides With: PARENTS MOTHER FATHER GRANDPARENTS LEGAL GUARDIAN

Does this child take any medications OR have any medical conditions?
(diabetes, epilepsy, heart conditions, etc.)

YES NO If yes, please explain. _____

Does this child have any allergies? (insects, hay fever, strawberries, peanuts, etc.)

YES NO If yes, please explain. _____

Does this child have any allergies or adverse reactions to medications? (penicillin, ibuprofen, acetaminophen, etc.)

YES NO If yes, please explain. _____

Does this child have any disabilities or physical or developmental limitations?

YES NO If yes, please explain. _____

As a rule, medication will not be administered by parish pastors, staff, or volunteers. The exception is an Family Formation/Youth program or activity that includes an extended day or overnight activity. If medication is required a separate Consent and Waiver Medication Form must be completed prior to the activity.

A COMPLETED HOUSEHOLD REGISTRATION FORM IS ALSO REQUIRED
PLEASE MAKE CHECKS PAYABLE TO ST. ANNE CATHOLIC CHURCH. ONLINE PAYMENT PORTAL AVAILABLE
AT STANNEBA.WESHAREONLINE.ORG. JUDY EWING • CGS COORDINATOR • CGS@STANNEBA.ORG