

FAMILY FAITH FORMATION

BA – *St. Anne Catholic Church* – **OK**

**THERE
WILL BE A
MEALS +
MATERIALS
FEE OF \$60
PER FAMILY**

Family Surname: _____

Are you registered members of St. Anne parish? YES NO

Number of Children In Your Household (infancy thru 5th grade): _____

Please provide full name, age, and sex of each child in your household in infancy thru 5th grade.

Child(ren) Currently Reside(s) With: PARENTS MOTHER FATHER GRANDPARENTS GUARDIAN

My second grade student will be participating in Sacramental Preparation this year. YES NO
**PLEASE NOTE - SIGNING UP FOR AND PARTICIPATING IN CATECHESIS OF THE GOOD SHEPHERD
(CGS) LEVEL II IS AN IMPORTANT PART OF THE SACRAMENTAL PREPARATION PROCESS!**

Do any of your children take any medications OR have any medical conditions?
(diabetes, epilepsy, heart conditions, etc.)

YES NO If yes, please explain. _____

Do any of your children have any allergies? (insects, hay fever, strawberries, peanuts, etc.)

YES NO If yes, please explain. _____

Do any of your children have any allergies or adverse reactions to medications?
(penicillin, ibuprofen, acetaminophen, etc.)

YES NO If yes, please explain. _____

Do any of your children 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. VICTORIA HARVEY • FAMILY LIFE COORDINATOR • VHARVEY@STANNEBA.ORG