

**St. Anne Parish Faith Formation 2018-2019
Registration for Grades K - 10**

FAMILY LAST NAME _____ Primary Home Phone _____

Are you a registered member of St. Anne Parish? Y N

- If not, your family must complete a parish registration form in order to enroll in Faith Formation classes

Email #1: _____ Email #2: _____
(to be used for regular communications)

Address _____

Father _____ Religion _____ Cell Phone _____

Father's address if different than above: _____ Y/N to receive pertinent txt msges

Mother _____ Religion _____ Cell Phone _____

Mother's address if different than above _____ Y/N to receive pertinent txt msges

Children you are registering in Faith Formation:

| Child's Name | | | | | | Sacraments Received (check) | |
|--------------|------|------------|-----|-------|----------------|-----------------------------|----------------|
| First | Last | Birth Date | Age | Grade | Place Baptized | Eucharist | Reconciliation |
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For our record keeping purposes, please list all other children living in your home:

| Child's Name | | | | | | Sacraments Received (check) | |
|--------------|------|------------|-----|-------|----------------|-----------------------------|----------------|
| First | Last | Birth Date | Age | Grade | Place Baptized | Eucharist | Reconciliation |
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Tuition: K—10th grade: \$50.00 per student

If paying by check please make it out to: St. Anne Faith Formation Program

Amount: _____ Check #: _____

If you are concerned about paying the fee for Faith Formation, please talk to us! No one will be turned away because of an inability to pay.

Please Return Registration Form to the Parish Office by September 23, 2018☺.

Diocese of Superior
Youth Image and Likeness Release Form

The Diocese of Superior and its affiliated parishes and schools may wish to use an image of your child in both print and electronic publicity. It is the practice of the Diocese of Superior to protect all children at all times including the public use of their images. This document has been developed to inform parents and guardians of their right to grant or refuse permission for their child's image and likeness to be used in Diocesan and affiliated parish and school media and promotional materials.

Permission to use any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which your child may appear may include promotional activities such as, but not limited to, websites, social media sites, newsprint, flyers or brochures. We reserve the right to determine which image and likeness is used and how long it will remain on the site or is used in media materials.

Diocesan Department, Parish or School Initiating this form: Church of St. Anne
Contact person: Rachel McGurran (651-329-3083) and Sara Measner (715-294-4307)
Email: rachelm_stanne@somtel.net and msara@centurytel.net **Fax:** 715-247-3174

Parents and Guardians:

Please carefully read the statements below. Indicate your permission or refusal of permission by signing and dating the appropriate statement.

[] **YES**, I give permission to the Diocese of Superior and affiliated parishes and schools to use my child's image and likeness for above-said use.

Child's name _____

Child's name _____

Child's name _____

I understand that both print and electronic media have a very large audience and that my child(ren)'s photographic image may have an extremely wide distribution.

Parent/Guardian

Signature _____ Date _____

[] **NO**, I do not give permission to the Diocese of Superior and affiliated parishes to use my child's image and likeness for above-said use.

Child's name _____

Child's name _____

Child's name _____

Parent/Guardian

Signature _____ Date _____

PLEASE RETURN THIS ENTIRE FORM TO THE CONTACT PERSON LISTED ABOVE.

Medical Release & Parent Acknowledgment – St Anne Catholic Church

The following information must be completed for your child(ren) at the time of registration:

Family Name: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

List here necessary 1) medical information (allergies, etc.), 2) Learning & Behavior Considerations, and/or 3) Special Needs: (please reference name of child by medical information or special needs).

In case of an emergency, illness, accident, or behavioral issues, we are authorized to contact:

Parent/Guardian: _____ Telephone: _____ Relationship: _____

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Person(s) to contact if parents are not available:

Name: _____ Telephone: _____ Relationship: _____

Emergency Hospital: _____ Family Physician: _____ Clinic: _____

Dentist: _____ Eye Doctor: _____

Current Medications: _____ Dosage & Frequency: _____

Known allergies: _____ Treatment for Allergies: _____

Recent surgeries or serious injuries: _____

Is tetanus shot up-to-date? Please answer for each child: _____

I hereby authorize the health care provider or designated person to contact the above listed physicians in case of an emergency and parents cannot be reached. Yes No (Please circle one)

I give permission to chaperones of St. Anne's Parish to distribute non-prescription/over-the-counter medications and treatments to my child/ward such as, but not limited to: applying bandages and first-aid ointments or sprays, ice/heat compresses, dispensing of non-aspirin pain relievers, cough drops or syrups, and antacids and the like. Yes No (Please circle one)

In the event of illness or injury and I am unable to be reached, I do hereby consent to whatever examination, x-ray, anesthetic, medical, surgical, dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist, and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending religious education and related activities. Any violation of these rules and regulations may result in that individual being sent home.

I verify that all of the medical information for my child/ward listed above is correct and current to the best of my knowledge at this time.

Parent/Custodial Guardian Signature _____ Date: _____