

Parish Education Program Registration Form

St. Ann Parish

For Office Use
Family Name: _____
Fee _____ Check# _____

Complete Form. Print Clearly. For first time registration, please bring a copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	M/F	Date of Birth	PREP Grade 2010/11	School Attending 2010/2011 and Grade	Baptism Date & Parish	1st Penance Date	1st Communion Date

Family Name _____ Home Phone # _____

Address _____

Street

City

Zip Code

E-Mail Address _____ Child(ren) lives with _____

Father's Name _____ Work or Cell Phone # _____ Religion _____

Mother's Name _____ Work or Cell Phone # _____ Religion _____

Step-Parent's Name(M-F) _____ Work or Cell Phone # _____ Religion _____

◇ Name of person responsible for Religious Education if not Parent/Guardian _____
 Relationship _____

*Please provide a notarized letter signed by a parent/guardian which gives permission and names this person as the one responsible for the child(ren)'s religious education.

◇ Please check box if there are custodial legal issues regarding any child listed above.

◇ I give permission for my child's picture to appear on the St. Ann website, bulletin boards, newspaper articles in relation to events that happen in the parish.

◇ My child has my permission to walk from Holy Family School Building to St. Ann Church or chapel and back to school for any Religious Education Program held during the 2010/2011 school year. I understand that my child will be accompanied by an adult Catechist/Aide at all times.

Family Name

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EMERGENCY CONTACT INFORMATION:

If we are unable to reach you, whom should we contact?

Name: _____ **Relationship:** _____ **Phone Number:** _____
Cell Number _____

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. Ann Parish.

Signed Parent/Legal Guardian): _____ **Date:** _____

MEDICAL/LEARNING DATA

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability*/Learning Support Services	Individualized Education Program IEP
				◇ YES ◇ NO
				◇ YES ◇ NO
				◇ YES ◇ NO

***As defined by Individuals with Disabilities Education Act 0(IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities: and who, by reason thereof, needs special education and related services."**

Parent Signature _____

Tuition: First Child \$75.00

Two Children \$120.00

Family Rate \$140.00

(Please make check out to St. Ann Parish)

Tuition due 7/1/10