

Saint Ann Catholic Church
Religious Education Registration 2010-2011
New Student and Sacramental Prep Form

CHILD INFORMATION

Child Name: _____ Gender: M F
Child DOB: _____ Age: _____ School: _____ Grade: _____

Did your child attend religious education last year? Y N Where: _____

If so, what grade were they in: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Has your child received the sacraments of:

Baptism Y N If so, Where: _____ When: _____

Reconciliation Y N If so, Where: _____ When: _____

Communion Y N If so, Where: _____ When: _____

Confirmation Y N If so, Where: _____ When: _____

(If your child is receiving a sacrament this year and was baptized at another parish, please submit a copy of the baptism certificate, so that we may have it for our records. Thank you.)

PARENT INFORMATION

Parent(s) Name: _____

Address: _____

_____, Indiana Zip Code: _____

Phone: _____ Cell Phone #1: _____

Cell Phone #2: _____

Email: _____

(This year we will be sending out a lot of updates, publications, and reminders through email to keep you informed of our great programs!)

Emergency Contact Name: _____

Emergency Contact Phone: _____

I have read the Religious Education Handbook and agree to all of its policies:

Signature of parent: _____

Emergency Medical Release

I, _____ hereby authorize emergency medical personnel to administer appropriate medical treatment to my child in the event of a medical emergency.

Signature: _____ Printed Name: _____

Relationship to Child: _____

Drug Allergies (list drug allergies of child if applicable): _____

Please fill out a full form for each child. A copy of this information is given to each catechist and it is necessary that they have all of the important information in case of an emergency. Thank you.