RETURNING Family **NEW** Family

2018-2019 ST. ANNE RE PROGRAM, K - 8

P.O. Box 670 Oswego, Illinois 60543 630-554-1425 FAX 630-554-9797

Father's	Full Name:									
	_	Prefix		First		Last		Re	eligion	
Mother's	s Full Name									
		Prefix		First		Last		Religion		
Marital S	Status:		ls eit	her above n	amed pai	rent a ste	p-parent?			
	-			above name OR	-		e let us know a arenting	bout furth	er custody	arrangement
ALL comm	nunication w	vill go ONL	.Y to the p		nt email a	ddress and	d postal addres re need to be a			
If JOINT C decision n		ease provi	ide the RE	office a cop	y of the Jo	int Parent	ing Agreemen	t that perta	ins especio	ally to religiou
сомми	NICATION	If both po	irents wan	t to receive co	mmunicati	on comnle	te info for both p	narents		
								furchts.		
Residenti	al Address:		reet				City	State	- <u></u> 7	 /ip
2 nd Daran	t Addross:						City	State	-	
2 Paren	t Address		reet				City	State	Z	
We will n	ot call a land	lline unles	ss vou spe	ecifically tell	us to by pr	oviding th	e # here:			
				·	, p.					
wother: _		Email				Cell #		 Work #		
Father:										
	Email				Cell #		Work #			
Which ph	one #, which	h we will d	all as PRI	-	as voicema	-	, including our you check, sho			
Non-par	ent Emergei	ncy Conta	ct:	Name			Cell #		Relation	
Other t	han parents/	quardians	. list peop	le who are au	uthorized to	PICK U	P child(ren) fro	om class:		
	-	-					3			
							6			
		ne who is N	IEVER allo	wed to pick up	o your child:					
Office L Church	Jse Only Baptismal	Payment	Car	Dual	SPICE	Epi-Pen	Special	Parent	Transfer	Other
Office ID	Cert	Plan	Pool	Enrollment	SFICE	срі-геп	Circumstance	Volunteer	Letter	

CHILD 1:				
FIRST	MIDE	DLE LAST	GENDER	DOB (m/d/yr)
GRADE (2018-19)	SCHOOL	LIST SACRAMENTS RECEIV ****Baptism Certificate no	ED: (Baptism? Reconciliation Reded if child is NEW to Bl	
			t baptized at St. Anne*****	_ r rogram
<mark>IF NEW TO ST. ANNE F</mark>	:OR 2018-2019 : Did c	hild attend Religious Education or	go to a Catholic school la	st year?YesNo
Where?				
(N	ame of church, city & s	tate)	Which gra	des did they attend?
ANY Medical Conditio	ns, Medicines, Allerg	ies, Learning/Behavior Considera	tions we should know?	
CHILD 2:			GENDER	DOB (m/d/yr)
			GENDER	
 GRADE (2018-19)	SCHOOL	LIST SACRAMENTS RECEIV	ED : (Baptism? Reconciliation	n? Eucharist?)
		****Baptism Certificate no	eeded if child is NEW to RI t baptized at St. Anne*****	E Program
IF NFW TO ST. ANNF F	:OR 2018-2019 . Did o	hild attend Religious Education or		ist vear? Yes No
Where?(N	ame of church, city & s	 tate)	Which gra	des did they attend?
·			_	
ANY Medical Conditio	ns, Medicines, Allerg	ies, Learning/Behavior Considera	tions we should know?	

Please use this section to indicate class choices for ALL of your children

For K—6th Grade Indicate 1st, 2nd, and 3rd choice	For D.A.S.H 2 & 3 (7th - 8th grade)
Monday 4:30 - 5:30 6pm - 7pm Tuesday 4:30 - 5:30 6pm - 7pm Wednesday 4:30 - 5:30 6pm - 7pm Thursday (K—5 only) 4:30 - 5:30	Indicate 1st & 2st Choices for class time Sunday4:00 – 5:306:30 – 8:00 Monday (DASH 3 <i>only</i>)7:30 – 9:00
· · · · · · · · · · · · · · · · · · ·	
SPICE Class Tues 6:00 Thurs 4:30	Carpool Request? Please list family names

CHILD 3:						
FIR	ST	MIDDLE	LAST	GENDER	DOB (m/d/yr)	
GRADE (2018-19)	SCHOOL		LIST SACRAMENTS RECEIVED: (Baptis		•	
*1			**** Baptism Certificate needed if child is NEW to RE Program AND was not baptized at St. Anne*****			
IF NEW TO ST. ANN	E FOR 2018-2019:	Did child atten	d Religious Education or go to a C	Catholic school las	t year? YesNo	
Where?						
where?	(Name of church, cit	y & state)		Which grad	es did they attend?	
ANV Modical Condit	ions Modicinos A	llorgios Loorn	ing/Behavior Considerations we	chould know?		
ANT Medical Collum	lions, medicines, P	Allergies, Learn	ing/ Denavior Considerations we	SHOULD KHOW!		
CHILD 4:		MIDDLE	LAST	GENDER	DOB (m/d/yr)	
	-			-		
	SCHOOL		LIST SACRAMENTS RECEIVED: (Baptis	sm? Reconciliation	P Eucharist?)	
		*:	***Baptism Certificate needed if c		Program	
IT NEW TO ST ANN	F FOR 2019 2010 .	Did shild attac	AND was not baptized			
IF NEW TO ST. ANN	<mark>E FUR 2018-2019</mark> .	Did child atten	d Religious Education or go to a C		t year? YesNo	
Where?						
	(Name of church, cit	y & state)		which grad	es did they attend?	
ANY Medical Condit	ions, Medicines, A	Allergies, Learn	ing/Behavior Considerations we	should know?		
CHILD 5:						
FIR	ST	MIDDLE	LAST	GENDER	DOB (m/d/yr)	
GRADE (2017-18) SCHOOL LIST SACRAMENTS RECEIVED: (Baptism? Reconciliation? Eucharist?) ****Baptism Certificate needed if child is NEW to RE Program						
			AND was not baptized	at St. Anne*****		
IF NEW TO ST. ANN	E FOR 2018-2019:	Did child atten	d Religious Education or go to a C	Catholic school las	t year? YesNo	
Where?						
	(Name of church, cit	y & state)		Which grad	es did they attend?	
ANY Medical Condit	ions, Medicines, A	llergies, Learn	ing/Behavior Considerations we	should know?		

ST. ANNE RELIGIOUS EDUCATION PERMISSION – ACKNOWLEDMENT – RELEASE FORM

By signing the bottom of this form I am giving permission for my child/ren to fully participate in the Religious Education program at St. Anne Catholic Church, and indicate understanding of, and agreement with, all the following statements. *If I am unclear* about these statements I understand I should contact the Religious Education Office for clarification <u>prior to</u> submitting my registration forms.

Permission and Liability Waiver Information VIDEO TAPING AND STILL PHOTOGRAPHS

Video and still photographs may be taken during the year. This authorization form constitutes permission for my child(ren)'s participation in videotape and/or still photographs, which may be used for future promotional efforts, including the parish and Diocese of Joliet websites.

MEDICAL PERMISSION

I grant permission for the administration of First Aid to my child(ren), by the people in charge of the St. Anne Religious Education Program, as their judgment deems advisable, and to make the necessary referrals to qualified physicians or emergency personnel for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for the children enrolled in the program.

Mandatory Diocesan Compliance Information

A link to each item below is available at the end of the Parent Page on the parish website. Paper copies of each are also available in the RE Office if you prefer.

Once you have reviewed each item, either on-line or on paper, please check the box.

I know where to find and promise to review/read:

_____ **St. Anne Religious Education Handbook:** Parents are expected to *read and be familiar with ALL aspects* of the handbook <u>each year</u>, please continue to pay special attention to the attendance & make-up work policy.

Parent Guide to Preventing Child Sexual Abuse Policy Regarding the Sexual Abuse of Minors

_____ Standards of Behavior Policy

Internet Safety Brochure

_____ Parent Letter Regarding Safe Environment Instruction

PRINTED NAME of Parent/Guardian ______

ACTUAL Signature of Parent/Guardian_____

DATE: _____

Use a **stylus** to SIGN your name *on your touchscreen computer* and save the file to send electronically. OR, *PRINT ALL these pages*, add your SIGNATURE, and then return them by: 1) SCANNING (*do NOT take photos*) all forms and sending via email to: <u>reosec@stanneparish.org</u>; *-We will not process any registration w/o payment so make sure to use PayPal if you choose to use this option or fax.*-2) Faxing them to 630-554-9797

3) Mailing them to us at: St. Anne REO; P.O. Box 670; Oswego, Illinois 60543 (with a check) or

4) Walking them into the RE Office with your payment.

*****TUITION fees?** Go BACK to the website to find the chart and the PayPal options *** **PAYMENT needs to accompany forms to process registration** – be it PayPal, check, or cash. If you choose a <u>flexible payment plan</u>, please make sure to include **that signed form** with these pages.