



**CHILD 1:** \_\_\_\_\_  
FIRST MIDDLE LAST GENDER DOB (m/d/yr)

GRADE (2018-19) 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. ANNE FOR 2018-2019:** Did child attend Religious Education or go to a Catholic school last year? \_\_\_ Yes \_\_\_ No

**Where?** \_\_\_\_\_  
(Name of church, city & state) Which grades did they attend?

**ANY Medical Conditions, Medicines, Allergies, Learning/Behavior Considerations we should know?**

\_\_\_\_\_  
\_\_\_\_\_

**CHILD 2:** \_\_\_\_\_  
FIRST MIDDLE LAST GENDER DOB (m/d/yr)

GRADE (2018-19) 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. ANNE FOR 2018-2019:** Did child attend Religious Education or go to a Catholic school last year? \_\_\_ Yes \_\_\_ No

**Where?** \_\_\_\_\_  
(Name of church, city & state) Which grades did they attend?

**ANY Medical Conditions, Medicines, Allergies, Learning/Behavior Considerations 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**

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

**SPICE Class** \_\_\_ Tues 6:00 \_\_\_ Thurs 4:30

**CHILD RCIA** Year 1 \_\_\_ Year 2 \_\_\_

**For D.A.S.H 2 & 3 (7<sup>th</sup> - 8<sup>th</sup> grade)**

**Indicate 1<sup>st</sup> & 2<sup>nd</sup> Choices for class time**

Sunday \_\_\_ 4:00 - 5:30 \_\_\_ 6:30 - 8:00  
Monday (DASH 3 only) \_\_\_ 7:30 - 9:00

**Carpool Request? Please list family names**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD 3:** \_\_\_\_\_  
FIRST MIDDLE LAST GENDER DOB (m/d/yr)

GRADE (2018-19) 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. ANNE FOR 2018-2019:** Did child attend Religious Education or go to a Catholic school last year? \_\_\_ Yes \_\_\_ No

**Where?** \_\_\_\_\_  
(Name of church, city & state) Which grades did they attend?

**ANY Medical Conditions, Medicines, Allergies, Learning/Behavior Considerations we should know?**  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD 4:** \_\_\_\_\_  
FIRST MIDDLE LAST GENDER DOB (m/d/yr)

GRADE (2018-19) 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. ANNE FOR 2018-2019:** Did child attend Religious Education or go to a Catholic school last year? \_\_\_ Yes \_\_\_ No

**Where?** \_\_\_\_\_  
(Name of church, city & state) Which grades did they attend?

**ANY Medical Conditions, Medicines, Allergies, Learning/Behavior Considerations we should know?**  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD 5:** \_\_\_\_\_  
FIRST 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. ANNE FOR 2018-2019:** Did child attend Religious Education or go to a Catholic school last year? \_\_\_ Yes \_\_\_ No

**Where?** \_\_\_\_\_  
(Name of church, city & state) Which grades did they attend?

**ANY Medical Conditions, Medicines, Allergies, Learning/Behavior Considerations we should know?**  
\_\_\_\_\_  
\_\_\_\_\_

**ST. ANNE RELIGIOUS EDUCATION**  
**PERMISSION – ACKNOWLEDGMENT –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 prior to 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 **each year**, 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: [reosec@stanneparish.org](mailto:reosec@stanneparish.org);  
***-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 **flexible payment plan**, please make sure to include ***that signed form*** with these pages.