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

Father's	s Full Name	2:								
		Prefix		First		Last		F	Religion	
Mother	's Full Nam									
		Prefix		First		Last		R	eligion	
Marital	Marital Status: Is either above named parent a step-parent?									
	•	-	-	h above nan v OR _	-			about furtl	her custod	y arrangements
ALL com	munication	will go ON	ILY to the		ent email a	address ar	nd postal addre			
If <b>JOINT</b> decision		olease pro	vide the R	E office a co <sub>l</sub>	by of the <b>J</b> o	oint Parer	iting Agreeme	<b>nt</b> that pert	ains espec	ially to religious
сомм	UNICATION	: If both p	arents wa	nt to receive o	communica	tion, compl	ete info for both	parents.		
'		_					, ,	•		
Residen	tiai Audi ess		treet				City	State	<u> </u>	Zip
2 <sup>nd</sup> Pare	nt Address:									
		S	treet				City	State		Zip
We will	<b>not</b> call a <u>lar</u>	ndline unle	ess you sp	ecifically tell	l us to by p	providing t	he # here:			
Mother:	·									
	Email					Cell #		Work#		
Father:	Father: Email					 Cell #			 Work #	
	**NOTE: an		ovided w	ill be used fo	o <mark>r all com</mark> n		n, including ou			email.***
•	-			RIMARY and I		nail option	s you check, <b>sh</b>	ould be use	ed for Eme	ergencies and
Non-pa	rent Emerge	ency Cont	act:							
Name					Cell # Relation					
Other than parents/guardians, list people who are authorized to PICK UP child(ren) from class:										
1	12					3				
4	4 6									
Pleas	e identify anyo	one who is	NEVER all	owed to pick (	up your child	d:				
Office	Use Only									
Church Office ID	Baptismal Cert	Payment Plan	Car Pool	Dual Enrollment	SPICE	Epi-Pen	Special Circumstance	Parent Volunteer	Transfer Letter	Other

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. A	NNE FOR 2018-20	<mark>219</mark> : Did child at	tend Religiou	s Education or go to a Cath	nolic school las	st year? <b>Yes</b>	_No
Where?							_
	(Name of churc	h, city & state)			les did they attend?		
ANY Medical Cor	nditions, Medicin	es, Allergies, Le	arning/Behav	vior Considerations we sho	ould know?		
CHILD 2:							
	FIRST	MIDDLE		LAST	GENDER	DOB (m/d/yr)	_
GRADE (2018-19)	SCHOOL			MENTS RECEIVED: (Baptism? m Certificate needed if child			
			Бариз	AND was not baptized at		Trogram	
IF NEW TO ST. A	NNE FOR 2018-20	<mark>119</mark> : Did child at	tend Religiou	s Education or go to a Cath	nolic school la	st year? <b>Yes</b>	_No
Where?							_
	(Name of churc	h, city & state)			Which grad	les did they attend?	
ANY Medical Cor	nditions, Medicin	es, Allergies, Le	arning/Behav	vior Considerations we sh	ould know?		
	Please use thi	s section to i	indicate cli	ass choices for ALL o	f vour child	ren	
							7
	ade Indicate 1st			For D.A.S.H Indicate 1s & 2		•	
	4:30 - 5:30						
	4:30 - 5:30			Sunday 4:00 – 5:30	6:30 –	8:00	
Wednesday	4:30 - 5:30	6pr	n - 7pm	Monday (DASH 3 <i>only</i> )	7:30 – 9	9:00	
		Carnool Poo	uuest? Dleass	list family names	1		_
		Cai pooi ned	lacor: Licast	. not raining maines			

CHILD 3:							
	FIRST	MIDDLE	LAST	GENDER	DOB (m/d/yr)		
GRADE (2018-19)	SCHOOL		IST SACRAMENTS RECEIVED: (Baptism? R		·		
			***Baptism Certificate needed if child is AND was not baptized at St.		Program		
IF NEW TO ST. A	<b>NNE FOR 2018-2019</b> :	Did child attend	d Religious Education or go to a Cathol	lic school las	t year?YesNo		
Where?							
	(Name of church, c	ity & state)		Which grad	es did they attend?		
ANY Medical Co	nditions, Medicines,	Allergies, Learni	ng/Behavior Considerations we shou	ld know?			
		<u> </u>					
-							
CHILD 4:							
	FIRST	MIDDLE	LAST	GENDER	DOB (m/d/yr)		
					<u> </u>		
GRADE (2018-19)	SCHOOL		.IST SACRAMENTS RECEIVED: (Baptism? R ***Baptism Certificate needed if child is				
			AND was not baptized at St.		Frogram		
IF NEW TO ST. A	<mark>NNE FOR 2018-2019</mark> :	Did child attend	d Religious Education or go to a Cathol	lic school las	t year?YesNo		
Where?							
	(Name of church, c	ity & state)	<del></del>	Which grade	es did they attend?		
ANY Medical Co	nditions, Medicines,	Allergies, Learni	ng/Behavior Considerations we shou	ld know?			
		-					
CHILD 5:							
	FIRST	MIDDLE	LAST	GENDER	DOB (m/d/yr)		
GRADE (2017-18)	SCHOOL		.IST SACRAMENTS RECEIVED: (Baptism? R ***Baptism Certificate needed if child is		·		
IE NEW TO ST. A	NATE FOR 2040 2040		AND was not baptized at St.	Anne****			
IF NEW TOST. A	NNE FOR 2018-2019:	Dia chila attend	d Religious Education or go to a Cathol	lic school las	t year?YesNo		
Where?							
	(Name of church, c	ity & state)		Which grade	es did they attend?		
ANY Medical Conditions, Medicines, Allergies, Learning/Behavior Considerations we should know?							
					<del></del>		

# 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 *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:

<b>St. Anne Religious Education Handbook:</b> Parents are exp the handbook <b>each year</b> , please continue to pay special atte	
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;
- -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.