

For Office Use

Family Name:_____

Registered member of The Church of St. Ann_____

Fee: _____ Amt. Pd _____ ck# _____ cash _____

Please print clearly when completing the form.

Have you registered with us in the past? Yes No

For first time registrations, please bring a copy of each child's Baptismal Certificate.

Are you currently a registered member of The Church of Saint Ann? Yes No If no, where are you registered? _____*

| Child's Full Name (First, Middle & Last) | Date of Birth | Gen- der M/F | RE Level 2025-26 | Grade Entering In School | Session Preference | | Baptism Date & Parish (if received) | 1 st Communion Year & Parish (if received) |
|---|---------------------|--------------------|------------------------|--------------------------------|----------------------------|----------------|---|---|
| | | | | | RE (circle day) | GOF (check) | | |
| | | | | | Sunday <i>or</i> Monday | | | |
| | | | | | Sunday <i>or</i> Monday | | | |
| | | | | | Sunday <i>or</i> Monday | | | |
| | | | | | Sunday <i>or</i> Monday | | | |

Family Name: _____ Phone #: _____ Email: _____

Address: _____
Street City Zip Code

Father's Name: _____ Religion _____ Cell Phone # _____

Mother's Name: _____ Religion _____ Cell Phone # _____

Mother's Maiden Name: _____

CUSTODY: Are there any custody/legal issues? ☐ yes ☐ no (If yes, please provide a complete copy of the latest court order.)

If not a parent, name of person responsible for Religious Education: Parent/Guardian _____ Relationship _____

*Parent/guardian must provide a signed, dated letter of permission to the Director of Religious Education (DRE) which is to be kept on file and updated annually.

****If you are registered at another parish, a letter from your pastor granting permission to attend RE and for receiving a sacrament (if applicable) at Saint Ann must accompany this form.**

Parish Religious Education Program Registration Form

The Church of Saint Ann
1253 Lawrence Avenue
Lawrenceville, NJ 08648
609-882-6491 or **religiouseducation@churchofsaintann.net**

EMERGENCY CONTACT INFORMATION:

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

Name: _____ Relationship: _____ Phone (home) _____ (cell) _____

PROMOTIONAL RELEASE:

I consent to the use of any photographs or videos in which my child appears by parish or the Diocese of Trenton. _____
(signature)

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 The Church of Saint Ann.

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 Please be specific and detailed | Individualized Education Program IEP or 504 ** |
|--------------|------------------------------|------------------------|--|---|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**We would like additional information about your child's needs to ensure a pleasant learning experience. Please contact the Religious Education office in person or by phone.

* As defined by *Individuals with Disabilities Education Act*

Signature _____ Date _____ Relationship to Child(ren) _____