For Office Use

Family Name:_____

Registered member of The Church of St. Ann_____

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

Parish Religious Education Program Registration Form

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

Fees 2026 – 2027
$140 per child for RE
$200 per family for GOF

_____Please check here if you are paying by check to "Church of St. Ann".
_____Please check here if you are paying by credit card through OSV on parish website.

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 **Name** (First Last)	**Date** of **Birth**	**Gen-der** M/F	**Grade** Entering In School	**Session Choice** RE weekly-circle day	**Session Choice** GOF monthly- x	**Baptism** Date & Parish (if received)	**1st Communion** Year & Parish (if received)
				Sunday *or* Monday			
				Sunday *or* Monday			
				Sunday *or* Monday			
				Sunday *or* 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.

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 ****
				❑ YES ❑ NO
				❑ YES ❑ NO
				❑ YES ❑ NO

** As defined by *Individuals with Disabilities Education Act*

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.

Signature _____ Date _____ Relationship to Child(ren) _____

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