



**Church of the Annunciation**  
**Faith Formation Grades K-9**  
**2023–2024 Registration**

**Registration Form is**  
**due on June 30 2023**  
**Late Fee for Registration**  
**received after June 30 is \$100**

Registration Fees:	
One Child	\$140
Two Children	\$180
Three or More:	\$225
Sacramental Fees	
First Eucharist	\$ 100
Confirmation:	\$ 125

Please print clearly & enter all information

Family Name:		Address:		State & Zip:	
Home Phone:	Email Address: See flip side of form for information			Instant Contact: See next page for information	
Father's Name:			Father's Cell Phone:		Religion:
Mother's Name:		Mother's Maiden Name:		Mother's Cell Phone:	Religion:
Marital Status:		Special Circumstance:			

**PROGRAMS:** Please review the program descriptions before making your selection

**GRADES K-9 Family Program (FP):**

There are 8 Family Gatherings—parent(s) must attend with child(ren) & in between monthly gatherings the parent(s) teach their children at home using text books and Google Classroom assignments.

- ♦ (FP Sun) First Sunday of the month 9:00am—10:45 am followed by 11:00 am Mass OR
- ♦ (FP Mon) First Monday of the month 6:30 pm—8:00 pm

**ALL Grades and Programs are subject to catechist availability**

**Sacramental Prep for First Eucharist and Confirmation have additional sessions including a retreat.**

First & Last Name of each child:	Gender: M/F	Grade for Faith Formation:	2023-24 School Year		Special Learning Needs or Concerns	Program: FP Sun OR FP Mon	New (N) or Returning (R) to Program
			Grade	School			
1							
2							
3							
4							

Next fill out: • Health Form for each child • Electronic Communication Consent • Release Form for pictures

☐ **New registrant:** Please note that a copy of the child's Baptismal Certificate must accompany this form and if transferring from another parish, please supply previous Faith Formation Records as well as the child's First Eucharist Certificate. **This information is required at the time of registration.**

OFFICE USE ONLY								
Date of Reg:	Reg. Fee:	Late Fee:	1st Eucharist Fee:	Confirmation Fee:	Amt Due	Amt Paid	Check #	Bal. Due
Sequence No.	Baptismal Cert.	Eucharist Cert.	Transfer from	Cat/Co-Cat.	Special Circumstances	Payment Plan	\$ /Month	

## Instant Contact Information

We are working at communicating more through emails. For *informational emails* that do not require immediate attention, please indicate the email we should contact you at under "**Email Address**".

During the course of the year, we may need to inform you of a school closing or any other *immediate message*.

- For those of you who have smartphones and receive emails on the spot, ***your Instant Contact information can be your email address.***
- Some of you may prefer to receive such a message via SMS (text). ***If you wish to receive your immediate notification via text,*** please provide your Instant Contact information as your cell phone number in email address format. The generic format for converting a cell phone number to an email address is:

your 10-digit cell phone number @ carrier's website.

For example, if your cell phone service provider is Verizon, your Instant Contact Information would be **2015551212@vtext.com**. (Verizon Example)

For specific instructions on converting your cell phone number to an email address, please contact your service provider.

**Church of the Annunciation**  
**Faith Formation Program**  
**Health Questionnaire for the 2023 – 2024 School Year**

This form must be completed at the beginning of each school year. Please answer all questions.

- Does your child have any hearing concerns? (e.g. hearing aides) \_\_\_\_\_ ☐ Yes ☐ No
- Does your child have any speech concerns? (e.g. slow speech development) \_\_\_\_\_ ☐ Yes ☐ No
- Does your child have any physical concerns which might affect participation in the program? \_\_\_\_\_ ☐ Yes ☐ No
- Does your child have any emotional or behavioral needs which might affect participation in the program? If so, please explain \_\_\_\_\_ ☐ Yes ☐ No
- Does your child have any health concerns which might require emergency action while he/she is at class (e.g. seizures, diabetes, asthma, allergies) If so, explain \_\_\_\_\_ ☐ Yes ☐ No
- Does your child require an EpiPen? PLEASE READ THE POLICY REGARDING EPINEPHRINE PRE-FILLED AUTO-INJECTIONS ON THE WEBSITE OR HANDBOOK. YOU MUST COMPLETE, SIGN, AND SUBMIT THE FORM WITH YOUR REGISTRATION. ☐ Yes ☐ No

Is there anything else you wish to add that you feel is important for us to know so that we may best serve your child's needs \_\_\_\_\_

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**All information is kept confidential between the parish staff, the child's catechist, and emergency personnel.**

In case of accident or serious illness, I request the parish to contact me. If the parish is unable to reach me, I hereby authorize the parish to contact the following physician:

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

and follow his/her instructions. If it is impossible to contact this physician, the parish may make any arrangements they deem necessary.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Date of Birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Emergency Contact Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Instant Contact Information

**Church of the Annunciation**  
**Public Relations Release Form**  
**2023-2024**

On occasion, we may wish to photograph or videotape children in connection with our Faith Formation program and events.

I hereby authorize Church of the Annunciation to use my child's photograph or videotape in public relations materials, including but not limited to, bulletin boards, brochures, articles, advertisements in the paper and on the web site.

I understand that no personal information pertaining to the photos/videos will be published by Church of the Annunciation without specific authorization to do so.

I **do** authorize this release \_\_\_\_\_

I **do not** authorize this release \_\_\_\_\_

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Date

Please return with your Registration Form

Church of the Annunciation 49 Demarest Road Paramus, NJ 07652 201-261-6322 x 105