

**ST ANN CATHOLIC CHURCH  
FAITH FORMATION REGISTRATION  
2009—2010**

*(Please list parents' first and last names if different and print legibly)*

**FAMILY NAME:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Mother's E-mail:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Father's E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City/State/Zip

**Please provide all relevant contact #'s: Home Phone #:** \_\_\_\_\_

**Mother's Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Father's Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**\*Are you a Registered Parishioner at St. Ann's (please check one):**     Yes                       No

**\*Any adults in the household interested in becoming Catholic or preparing for "missed" sacraments such as Confirmation or Eucharist? If so, please list name:** \_\_\_\_\_

*Please include child's last name if different than family name above.*

<i>Please list below each child you wish to enroll</i>				<b>"✓" SACRAMENTS CHILD HAS ALREADY CELEBRATED</b>				
NAME OF CHILD	DOB	AGE (as of 9/1)	GRADE	BAPTISM	RECONCILIATION	EUCCHARIST	CONFIRMATION	HAS CHILD PARTICIPATED IN FAITH FORM./ REL. ED. CLASSES BEFORE? (in any Catholic Parish)

**FAITH FORMATION FEES**  
 (due at time of registration unless special  
 arrangements made-speak to Kathy  
 -no child refused because of inability to pay)

**1 CHILD                                      \$40.00/YR**  
**2 CHILDREN                                \$60.00/YR**  
**3 OR MORE CHILDREN                 \$80.00/YR**

**Expectations of students and their families:**

1. Participate in Mass every weekend.
2. Participate in all scheduled Faith Formation classes - let us know ahead of time if you know your child will not be present for a particular class.
3. Complete assigned homework and projects, discuss what was learned in class.
4. Pray daily.

**~ PARENTS ARE THE PRIMARY EDUCATORS OF THEIR CHILDREN IN THE FAITH ~**

*Please complete reverse side of this form also* ➡

**ST. ANN CATHOLIC CHURCH  
FAITH FORMATION REGISTRATION, PAGE 2**

NAME OF CHILD	CHILD'S E-MAIL ADDRESS (for youth 14 years old or older, see permission statement below**)	SPECIAL CONDITIONS, RESTRICTIONS OR REQUIREMENTS (MEDICAL, PHYSICAL, DIETARY, OTHER)	ALLERGIES (BEE STINGS, MEDICATION, FOOD, ENVIRONMENTAL)

**\*\*Faith Formation/TYM volunteers and staff may communicate directly with my child/children 14 yrs. old or older via his/her personal e-mail address regarding program details and activities:**

Yes                       No                       N/A

**INSURANCE AND EMERGENCY CONTACT INFORMATION**

The child/children listed on this form are covered by the following Medical Insurance Policy (please write N/A if child does not have medical insurance coverage):

**Name of Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

I understand that that as parent/guardian, I am responsible for any and all financial obligations resulting from an illness or injury incurred by my child while participating in a St. Ann faith formation class or activity whether or not the child has medical insurance coverage.

**IN CASE OF EMERGENCY, IF YOU ARE UNABLE TO REACH US AT THE NUMBERS PROVIDED, PLEASE CALL:** Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to Child/Children: \_\_\_\_\_

**Please complete and sign the following statement of consent and release from liability:**

I hereby consent for my child/children listed on the reverse side of this form to participate in all faith formation classes and activities held on St. Ann Catholic Church and St. Ann School property. As parent/guardian, I understand that I remain fully responsible for any liability which may result from the personal actions taken by my child/children.

I release the Diocese of Raleigh, St. Ann Catholic Church and School, Fayetteville, NC, and their agents and volunteers from any liability for injuries or accidents incurred by my child/children while participating in faith formation programs and activities.

I give permission for my child/children, in case of emergency, to be taken to a physician or hospital by an adult volunteer or Parish or Diocesan personnel. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my child/children.

Parents/guardians of participants in the faith formation program are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by St. Ann Parish, St. Ann School or the Diocese of Raleigh. Participants will not be identified by name unless specific written consent is obtained. Parents/guardians who do not wish their child/children to be photographed or filmed should so notify the Director of Faith Formation and St. Ann Parish Office in writing.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_