

**CHURCH OF SAINT ANNE  
FAITH FORMATION REGISTRATION FORM  
2018 – 2019 SCHOOL YEAR**

**Student's Name** \_\_\_\_\_  
(First) (Middle) (Last)

*(\*For families registering more than one child in Faith Formation classes, space is provided at the bottom of the form for the name, date of birth and grade level of these children.)*

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

**Public School now attending** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Mother's Name (including Maiden)** \_\_\_\_\_

**BEST CONTACT NUMBER:** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Work Phone Number** \_\_\_\_\_

**Cell Phone Numbers: Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Are you a registered member of the Church of Saint Anne? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**\*for families registering more than one child please list siblings below:**

<b>Student Name</b>	<b>Date of Birth</b>	<b>Grade</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please provide us with the necessary emergency information on back of form.**

**In case of an emergency, name of person to contact if parent unavailable:**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name of Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Name of Preferred Hospital \_\_\_\_\_

Our Medical Insurance Company is \_\_\_\_\_

Our Policy Number is \_\_\_\_\_

**Please list any chronic disease such as diabetes, epilepsy, heart disease, etc.:**

\_\_\_\_\_

**Please list any severe allergy, including any food allergy.**

\_\_\_\_\_

**Please advise if your child will be taking any prescription medication.**

\_\_\_\_\_

**If you are registering more than one child, please be sure to indicate the name of your child who has a health concern or allergy. Thank you!**

**Please indicate anything additional you feel is important for us to be aware of:**

\_\_\_\_\_

**PLEASE NOTE: From time to time photos of the children in our Faith Formation program will be posted to our web site. Please advise whether you will grant us this permission to post pictures. Yes\_\_\_\_photos can be posted to the web site. No\_\_\_\_photos cannot be posted to the web site.**

**In case of an emergency, we give permission for our child/children to be treated at a hospital and/or medical doctor.**

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

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

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

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