

2020- 2021 Religious Education Registration Form

St. Anne Catholic Church

230 N 6th Ave, St Anne IL 60964

FAMILY INFORMATION

Family Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Email Address: _____

Registered at St. Anne Catholic Church: ___ Yes ___ No

Father's Name: _____

Denomination/Religion: _____ Cell: _____

Mother's Name: _____

Denomination/Religion: _____ Cell: _____

Primary # to Call

EMERGENCY CONTACT INFORMATION – *Someone other than parents listed above*

Name: _____ Relation: _____ Phone: _____

- If your child was not baptized at St. Anne a copy of his/her Baptismal Certificate is required at the time of the first class.
- Please contact Kim Emerson at Kim@courtstreetford.com with any questions or concerns regarding the registration process.

FAMILY INFORMATION

Child's Name	Did they attend REP last year	Child's date of birth	Grade in school	Date and place of Baptism	Date and place of Communion if applicable

If your child did not attend REP in St. Anne last year where did they attend? _____

TUITION INFORMATION

- Tuition for one child: \$30.00
- Fee for each additional child: \$20.00
- Sacrament preparation class fee per child: \$40.00

HEALTH AND/OR EDUCATION CONCERNS

Please list below any health problems, allergies or educational concerns for each child:

EMERGENCY MEDICAL TREATMENT RELEASE

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment(s) for my minor child in the event of my absence, or when the hospital of physicians is unable to contact me. This authorization extends to any hospital, physicians, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims result in from gross negligence or willful misconduct) against St. Anne Catholic Church, church staff, church volunteers, the hospital, physicians and the nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

Children's Full Name: _____

Parent's Signature: _____ Date: _____

AUTHORIZATION TO PUBLISH PICTURES AND ARTWORK

Pictures of me and or my child(ren) and any artwork created during the course of the Religious Education program may be published on the church's website or in the church's publicity information, newsletters, or bulletins. No last names will be published on the website. We assume that your permission is given to use these photos/pictures for publicity and information purposes unless you notify the church office by calling 815-427-8265 or speaking with your child's REP teacher.