

**Annunciation BVM - RETURNING FAMILY  
RELIGIOUS EDUCATION PROGRAM REGISTRATION  
2018-2019**

Family Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Father's Religion \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Mother's Religion \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

**Home Information:** Please check appropriate boxes

Married living with both parents       Father remarried      If divorced do both parents have legal custody? Y / N  
 Parents Separated       Mother remarried      Child resides with: \_\_\_\_\_  
 Parents Divorced       Parent deceased

Are there any custodial issues? Y / N If yes please explain: \_\_\_\_\_

We have been members of Annunciation BVM Parish since \_\_\_\_\_ (month and year registered)

Is there any family, personal, or custodial situation the Religious Education Program Director should be aware of?  
\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ IL Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

If there is an emergency, which phone number should we call first? \_\_\_\_\_

E-Mail saves time, money and the environment; much of our communication will be done through email. Mailings will be sent to the above address. If you would like mail sent to another address please include that information on this form.

**Emergency Information:**

In the event of an emergency and you cannot be reached, who (other than yourself) may we contact? The parent or guardian filling out this form should notify the person listed that they are an emergency contact.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Program Fee - Please pay when registering. Make checks payable to "Annunciation RE"**

**Early Registration Discount : Deadline August 31,2018**

**Early Registration Discount through August 31, 2018**

\$110.00 one child /\$155.00 two children/ \$185 three children/ \$205 four children

*Please add an additional \$20 for every child receiving First Communion and/or Confirmation this Program year.*

**Program fee after August 31, 2018**

\$130.00 one child /\$175.00 two children/ \$205 three children/ \$225 four children

*Please add an additional \$20 for every child receiving First Communion and/or Confirmation this Program year.*

No child will be denied admission into the RE Program because of an inability to pay. Please contact the DRE to make arrangements.

**FOR OFFICE USE ONLY:**

Total Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**STUDENT INFORMATION / RETURNING FAMILIES**

If your child was baptized at another parish, and you have not provided the RE Office with a copy of the certificate, you can obtain a copy of the certificate by calling the church where your child was baptized and asking them to send it to our parish office. **Fax: 630-851-3294.**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_ (fall 2018)

Allergies, medical conditions, physical limitations, special needs, learning disabilities, or other important information the program director should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_ (fall 2018)

Allergies, medical conditions, physical limitations, special needs, learning disabilities, or other important information the program director should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_ (fall 2018)

Allergies, medical conditions, physical limitations, special needs, learning disabilities, or other important information the program director should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_ (fall 2018)

Allergies, medical conditions, physical limitations, special needs, learning disabilities, or other important information the program director should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ANNUNCIATION BVM RELIGIOUS EDUCATION PROGRAM  
NEWS/PHOTOGRAPH & TECHNOLOGY RELEASE FORM



**The Religious Education Program encourages communication between catechists (teachers) and parents.**

May your child(ren)'s teacher(s) email you? \_\_\_\_\_

**We would like to acknowledge your child's accomplishments while attending our Religious Education Program. (Occasional photos in the parish bulletin, etc.)**

Please check your preference and sign and return this form with registration.

**PHOTOGRAPH**

**YES**, I give permission for my child's photo and or work to be used in Annunciation's Parish Sunday Bulletin, Annunciation's Parish website, or the Diocesan Observer Newspaper.

**NO**, I do not give permission for my child's photograph/ work to be used for the purposes as stated above.

**NEWS RELEASE**

**YES**, I give permission **for my child's name to be used** in news releases, which includes Annunciation's Parish Sunday Bulletin, Annunciation's Parish website, or the Diocesan Observer Newspaper

**NO**, I do not give permission for **my child's name** to be used for purposes as stated above.

I hold not responsible Annunciation BVM Church, its employees, agents, volunteers and the Diocese of Rockford and Office of Catholic Education for any harm caused by such materials or software.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Name: \_\_\_\_\_  
(Please print)