

**Annunciation BVM - NEW FAMILY
RELIGIOUS EDUCATION PROGRAM REGISTRATION
2024-2025**

Family Name _____ Father's Name _____

Father's Religion _____ Father's Cell Phone _____

Mother's Name _____ Maiden Name _____

Mother's Religion _____ Mother's Cell Phone _____

Address _____ City _____ Zip Code _____

Home Phone _____

E-Mail: _____

PREFERRED NUMBER TO RECEIVE TEXT MESSAGES _____

Home Information: Please check appropriate boxes

- | | | |
|---|---|---|
| <input type="checkbox"/> Married living with both parents | <input type="checkbox"/> Father remarried | If divorced do both parents have legal custody? Y / N |
| <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Mother remarried | Child resides with: _____ |
| <input type="checkbox"/> Parents Divorced | <input type="checkbox"/> 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?

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

E-Mail/Text 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

Make checks payable to "Annunciation RE"

Early Registration Discount Deadline: August 31, 2024

\$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.

Program fee after August 31, 2024

\$150.00 one child /\$195.00 two children/ \$225 three children/ \$245 four children

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

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

over 

STUDENT INFORMATION

Diocesan policy requires that we have a copy of each student’s baptismal certificate. **We must have a copy of the baptismal certificate for registration to be complete.**

If your child was baptized at Annunciation we need the date of baptism so that we can verify the information. If your child was baptized, or received sacraments at **another parish**, please **fax, mail or send copy** of the certificate to the Religious Education office. 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. If you submitted your child’s baptismal certificate to the Religious Education office in the past, we have it on file, no need to resubmit the certificate.** We will request a copy if needed.

If your child was baptized in a faith tradition other than Roman Catholic, please indicate that in the student information below.

Please be sure to fill out **completely** the information requested for **each** child. It is not necessary to put last name for each child if it is the same for each. All other information is **pertinent**. Thank you.

Last Name _____ **First Name** _____

Gender: Male ___ Female ___

Date of Birth ____/____/____ School _____ Grade ____ (fall 2024)

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

Has this child participated in religious education at another church? If so, when/where? _____

<u>Sacraments:</u>	<u>Parish</u>	<u>City/State</u>	<u>Date</u>
Baptism (or Profession of Faith)	_____	_____	_____
Reconciliation	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Last Name _____ **First Name** _____

Gender: Male ___ Female ___

Date of Birth ____/____/____ School _____ Grade ____ (fall 2024)

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

Has this child participated in religious education at another church? If so, when/where? _____

<u>Sacraments:</u>	<u>Parish</u>	<u>City/State</u>	<u>Date</u>
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First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Last Name _____ **First Name** _____

Gender: Male ___ Female ___

Date of Birth ____/____/____ School _____ Grade ____ (fall 2024)

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

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Reconciliation	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

**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.

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.

Parent Signature: _____ Date: _____

Family Name: _____
(Please print)