

Saint Anne Faith Formation · Growing in Faith Together 2016-17 Participant Registration

Fall 2016 program registration due June 30, 2016 • For registrations submitted after June 30, add \$35

Please Print All Information Legibly - This Form Updates Your Parish Information File			
Household Last Name	Household Primary Phone		
Street Address	Household Primary Email		
City and ZIP Code	Registered Parishioner	Yes	No

Primary Contact Information		Secondary Contact Information	
Name		Name	
Relationship to Children		Relationship to Children	
<i>For contact whose relationship is mother, please provide maiden name</i>			
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Include above email address in all electronic communication?		Yes	No
		Include above email address in all electronic communication?	
		Yes	No

❖ For all participants new to Saint Anne Faith Formation who were **not** baptized at Saint Anne, please include a copy of your child's baptism certificate.

Group Placement – Registration must be received not later than **3:00 p.m. on Monday, August 15, 2016**, to be included in initial Children's Faith Formation group placement and in the first round of Journey small-group choice.

Journey small-group choice information will be sent to registrants via email in late August/early September 2016.

Participant Information							Programs			
<p>After you provide the requested information on each participant, mark the box under the programs in which each person would like to participate.</p> <p>When registering for Children's Faith Formation, please note that you are able to change your session day until Wednesday, August 31, so please don't let that choice delay your registration.</p>							Middle School	Grades 1-5		
							Journey	Children's Faith Formation <i>Includes 2-year First Eucharist Preparation</i>		
<p>List each participant's name <i>Include last name if different than the household name</i></p>	M F	Grade Fall 2016	Date of Birth m/d/y	Baptized Y/N	Baptized Catholic Y/N	Received First Eucharist Y/N	Sun. 10:15- 10:50 a.m. & Mass	Tues. 6:30- 7:45 p.m.	Weds. 4:30- 5:45 p.m.	

Unless otherwise indicated, I authorize St. Anne Parish to use unidentified photographs of my child in parish publications in connection with their participation in faith-formation programs.

Office Use:	Check # _____	Credit Card _____	Amount _____	Workgroup _____	Family Record _____
	Tuition _____	CC _____	MB _____		

Saint Anne Faith Formation · Growing in Faith Together 2016-17 Registration Finance Worksheet

Household Contact: (First and last name, please) _____

Contact Phone: _____ E-mail address: _____

Registration Checklist

Complete and return **all** of the following forms to **Saint Anne Faith Formation Registration**, 120 N. Ela Street, Barrington, IL 60010

- Faith Formation Participant Registration
- Supplemental Information
- Finance Worksheet
- Baptismal certificate for all new participants not baptized at Saint Anne
- Payment

Important: We cannot process incomplete registrations

Specific program information will be sent to your e-mail address in September 2016

FEE SCHEDULE		NUMBER REGISTERING	FEE PER PERSON	TOTAL
Program Fee	Total children registering for: Children's Faith Formation (grades 1-5) <i>and/or</i> Journey (grades 6-8)		\$ 175	\$
Book and Material Fees	Children's Faith Formation - grades 1-5		\$ 25	\$
	Journey - grades 6-8 <i>One-time fee for new participants</i>		\$ 75	\$
Sacrament Fee	First Eucharist - Year 2 only		\$ 60	\$
TOTAL PROGRAM, BOOK and MATERIAL, and SACRAMENT FEES				\$
If returning completed registration after June 30, 2016 , please add \$35				\$ 35
TOTAL HOUSEHOLD REGISTRATION				\$

PAYMENT METHOD	<input type="checkbox"/> Check Enclosed (Payable to Saint Anne Catholic Church)	<input type="checkbox"/> Credit Card
Credit Card Account Information (circle one)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express*	
Account number:	_____	CW Code** _____ Expiration Date ____/____
Name as it appears on card:	_____	
Billing address:	_____	
Optional Credit Card Installment Payments		
Bill the credit card above in _____ equal monthly installments (maximum 5)		
* Due to higher transaction costs, we prefer that you do not use American Express, but we will accept it if that is your choice.		
** Three digits on back of Visa, MasterCard and Discover cards, four digits on the front of American Express cards.		

No person will be denied participation in any form of faith formation due to financial reasons.

Saint Anne Faith Formation · Growing in Faith Together
2016-17 Supplemental Participant Information

	Primary Contact	Secondary Contact
Name		
Home Phone		
Cell Phone		
Email Address		

HEALTH INFORMATION

Please note: This form is shared with your child’s catechist only; no one else outside the Faith Formation office will have access to this information.

Child’s Full Name _____ **Grade** _____

Health Concerns (allergies, asthma, ADHD, etc.) _____

Child’s Full Name _____ **Grade** _____

Health Concerns (allergies, asthma, ADHD, etc.) _____

Child’s Full Name _____ **Grade** _____

Health Concerns (allergies, asthma, ADHD, etc.) _____

Child’s Full Name _____ **Grade** _____

Health Concerns (allergies, asthma, ADHD, etc.) _____

MEDICAL AUTHORIZATIONS In the event that the undersigned parent/guardian cannot be reached, and in the judgment of the responsible adults or other appropriate staff members, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

EMERGENCY CONTACT In the event that the above parents(s)/guardian(s) cannot be reached

Emergency Contact Name _____

Relationship to Child(ren) _____ Phone Number _____

Physician _____ Phone Number _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____