

## Saint Anne Faith Formation · Growing in Faith Together 2017-18 Participant Registration

Fall 2017 program registration due June 30, 2017 • For registrations submitted after June 30, add \$35

<i>Please Print All Information Legibly - This Form Updates Your Parish Information File</i>			
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	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Include above email address in all electronic communication? <span style="float: right;">Yes    No</span>		Include above email address in all electronic communication? <span style="float: right;">Yes    No</span>	
<b><i>Mother of child(ren) – please provide your maiden name</i></b>			

**Group Placement** – Registration must be received not later than **3:00 p.m. on Monday, August 14, 2017**, to be included in initial Children’s Faith Formation group placement and in the first round of Journey small-group choice.

Information on the **Journey** small-group choice and friend request process will be sent to registrants via email in late August/early September 2017. Group choices and/or friend requests are **only** accepted through this process.

Participant Information							Programs			
<p><b>After you provide the requested information on each participant, mark the box</b> under the programs in which each person would like to participate.</p> <p><b>When registering for Children’s Faith Formation</b>, 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>		
List each participant’s name <i>Include first and last name</i>	M F	Grade Fall 2017	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.	

\*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.

**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 2017-18 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 form
- Supplemental Information form
- Finance Worksheet
- Baptism certificate for all new participants not baptized at Saint Anne
- Payment

**Important: We cannot process incomplete registrations – please include all 5 items listed above**

*Specific program information will be sent to your e-mail address in early September 2017*

FEE SCHEDULE		NUMBER REGISTERING	FEE PER PERSON	TOTAL
<b>Program Fee</b>	Total children registering for: Children's Faith Formation (grades 1-5) <i>and/or</i> Journey (grades 6-8)		\$ 175	\$
<b>Book and Material Fees</b>	Children's Faith Formation - grades 1-5		\$ 25	\$
	Journey - grades 6-8 <i>One-time fee for new participants</i>		\$ 75	\$
<b>Sacrament Fee</b>	First Eucharist - Year 2 only		\$ 60	\$
<b>TOTAL PROGRAM, BOOK and MATERIAL, and SACRAMENT FEES</b>				\$
If returning completed registration <b>after June 30, 2017</b> , please add \$35				\$ 35
<b>TOTAL HOUSEHOLD REGISTRATION</b>				\$

PAYMENT METHOD	Check Enclosed (Payable to Saint Anne Catholic Church)	Credit Card
<b>Credit Card Account Information</b>	Visa                      MasterCard                      Discover	American Express*
Account number: _____	CVV Code** _____	Expiration Date ____/____
Name as it appears on card: _____		
Billing address: _____		
<b>Optional Credit Card Installment Payments</b>		
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**  
**2017-18 Supplemental Participant Information**

	<b>Primary Contact</b>	<b>Secondary Contact</b>
<b>Name</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Email Address</b>		

**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.

**HEALTH 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 \_\_\_\_\_