

SAINT ANNE CATHOLIC CHURCH FAITH FORMATION REGISTRATION FORM 2018-2019

NEW ID/ENV. No.: _____
 Verified by _____

PLEASE PRINT CLEARLY

Family Last Name(s): _____ Today's Date: _____

| | Title (Mr.) (Mrs.) (Ms.) | LAST NAME, FIRST NAME | Religion | Cellular Number | Work Number |
|-----------------------|--------------------------|-----------------------|----------|-----------------|-------------|
| Head of the Household | | | | | |
| Spouse | | | | | |

Family E-mail: _____ Home Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT (other than parent) Name: _____ Relationship: _____ Phone #: _____

EMERGENCY CONTACT (other than parent) Name: _____ Relationship: _____ Phone #: _____

Please inform the Parish Office of any changes to addresses or phone number(s).

| LAST NAME, FIRST NAME | Date of Birth | Age as of Sept. 1 | School Grade as of Sept. 1 | List Allergies/Learning Disabilities | Did child complete a year of Faith Formation last year? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|---|---|--|--|--|
| | | | | | If so, where? St. Anne <input type="checkbox"/> |
| Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/> | Has this child received the following Sacraments? | | | | FOR FF OFFICE USE ONLY |
| Sacrament Information Date, Church, City, State, Country (If not USA) <i>Please provide original baptismal certificate.</i> | Baptism Yes <input type="checkbox"/> No <input type="checkbox"/> | Communion Yes <input type="checkbox"/> No <input type="checkbox"/> | Confirmation Yes <input type="checkbox"/> No <input type="checkbox"/> | If applicable, list other parent's name Does child visit other parent on weekends? Yes <input type="checkbox"/> No <input type="checkbox"/> | Elem. <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> FF <input type="checkbox"/> 1st Comm. <input type="checkbox"/> Conf. <input type="checkbox"/> RCIA <input type="checkbox"/> |

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FOR FF OFFICE USE ONLY Assigned on: _____ by _____ Enrolled on: _____ by _____

FAMILY LAST NAME(S):

ID/ENV. NO.:

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SAFE ENVIRONMENT POLICY

The Diocese of St. Petersburg has mandated that all adult staff and volunteers who are entrusted with the care or supervision of children, youth, and vulnerable adults must be trained in the Safe Environment Policy (SEP). This parish follows the Diocese of St Petersburg's Policy on Safe Environment and provides training on the subject to catechists, assistants, and other volunteers. In addition to this training, volunteers are also background checked. SEP classes are also provided for parents and children (age-appropriate material is presented). As a parent, I understand that I am free to not take advantage of the Safe Environment Training Program for adults and children.

ACKNOWLEDGEMENT OF RECEIPT OF HARASSMENT POLICY

I acknowledge that I have received, read, understand, and accept the Harassment Policy in Non-Employment Situations regarding the schools, early childhood centers, parish youth ministry program, parish religious education programs, Boy Scouts and Our Lady of Good Counsel Camp of the Diocese of St. Petersburg.

PHOTO/VIDEO RELEASE

_____ YES, I do give my permission to have my child/children photographed/ videotaped for use in church publications/website and/or for use by the general news media for print or broadcast purposes.

_____ NO, I do not give my permission to the above

_____ YES, I do give my permission to release my child's/children's name(s)

_____ NO, I do not give my permission to release my child's/children's name(s)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

PRINTED NAME OF PARENT OR LEGAL GUARDIAN

DATE

FOR FF OFFICE USE ONLY Assigned on: _____ by _____ Enrolled on : _____ by _____