



**ANNUNCIATION
CATHOLIC CHURCH**

WASHINGTON DC

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**Sacramental Program Annunciation Catholic School
2016-2017**

Please complete any info that has changed & sign authorizations on page

Child(ren)'s Last Name:

Primary Mailing Address: STREET ADDRESS

CITY STATE ZIP CODE

Primary Family Email Address:

Primary Family Phone Number:

Mother / Parent Full Name:

Maiden Name:

Mailing Address: Check if Same as Above Cell Phone:

STREET ADDRESS

CITY STATE ZIP CODE

Denomination/Religion:

Father / Parent Full Name:

Mailing Address: Check if Same as Above Cell Phone:

STREET ADDRESS

CITY STATE ZIP CODE

Denomination/Religion:

Please make checks payable to Annunciation Church
If there is a financial problem or you would like to make payments, please contact Patrice
Our policy is that money will never stop a child from learning about God.

TUITION CALCULATOR

Sacramental Tuition (students in grade 2, CP1 & CP2) \$75.00 X _____ Child(ren) = \$ _____

Check # _____ CR Total Amount Due = \$ _____

For more than three children, please copy this page as needed

STUDENT INFORMATION			
Child's First Name:		Child's email:	Cell:
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Place of Birth:
School Name:		School Grade 2015/16:	
<i>Please indicate the sacraments which your child has received within the Roman Catholic Church if another denomination please indicate so</i>			
Baptism Date _____	<input type="checkbox"/> Parish: _____	First Eucharist Date: _____	<input type="checkbox"/> Parish: _____
1 st Reconciliation Date: _____	<input type="checkbox"/> Parish: _____	Confirmation Date: _____	<input type="checkbox"/> Parish: _____
Chronic Health Conditions:		ALL Current Medications:	
Environmental & Food Allergies:		Educational & Behavioral Traits: (e.g. gifted, dyslexic, ADHD)	

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Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Place of Birth:
School Name:		School Grade 2015/16:	
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Chronic Health Conditions:		ALL Current Medications:	
Environmental & Food Allergies:		Educational & Behavioral Traits: (e.g. gifted, dyslexic, ADHD)	

PICK-UP AUTHORIZATION (Grades 7 & 8 only)

PLEASE CHECK THIS BOX TO AUTHORIZE ONLY THE PARENTS LISTED ON THE FIRST PAGE OF THIS REGISTRATION FORM FOR PICK-UP OF ALL CHILDREN LISTED.

Indicate below all individuals (in addition to parents) AUTHORIZED to pick up your child(ren) from service sessions:

Name:		Relationship to Child(ren):
Name:		Relationship to Child(ren):
Name:		Relationship to Child(ren):
Name:		Relationship to Child(ren):

MEDICAL TREATMENT & INSURANCE INFORMATION

Emergency Medical Treatment Release

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment (s) for my minor child in the event of my absence, or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physician, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against Annunciation Church, church staff, church volunteers, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

Insurance Company:		Identification Number:
Policy Number:		Group ID Number:
Child(ren)'s Full Names:		
Parent Signature:		

AUTHORIZATION TO PUBLISH PICTURES & ARTWORK, PARENT DIRECTORY

I hereby grant permission to Annunciation Catholic Church to publish pictures of me and/or my child(ren) [and any artwork created during the course of the Religious Education program] on the church's website or in the church's publicity information, newsletters, or bulletins. **NO NAMES WILL BE PUBLISHED ON THE WEBSITE.** I understand that if I give notice to the webmaster that I object to any particular picture of me and/ or my child(ren), it will be removed as soon as possible. I understand that neither I nor any child(ren) in question will be paid any royalty or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian. I also grant permission to have my name, address email and phone number to be published in a parent directory of religious education families to be distributed to families enrolled in the Religious Education Program.

Child(ren)'s Full Names:	
Parent Signature:	