

Annunciation Church
 3125 39th Street N.W.
 Washington, DC 20016
www.annunciationdc.org

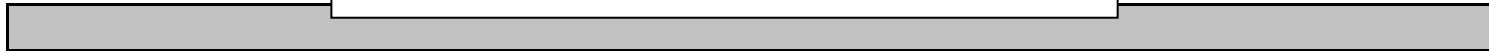
Director of Formation: Patrice Morace
 Phone: 202.362.3323 ext 13
 Cell: 240.688.7010

Coordinator of Formation: Tina Lindberg
 Phone: 202.362.3323 ext 12

Fax: 202.237.0652

Children's Religious Education Program
2016-2017 Returning Student Form

Please make any changes needed and complete pages 3 & 4



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 level 2, CP1 & CP2) \$200.00	X _____	Child(ren) = \$ _____
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Regular Tuition (Students in levels 1, 3, 4, 5, 6) \$ 175.00	X _____	Child(ren) = \$ _____
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<input type="checkbox"/> Summer Online learning Program \$ 50.00	X _____	Child(ren) = \$ _____
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<input type="checkbox"/> Check # _____ <input type="checkbox"/> CR	Total Amount Due = \$ _____
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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)	

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)	

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)	

PICK-UP AUTHORIZATION

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 class:

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:	

PARENTAL VOLUNTEER INFORMATION

The continued success of the Religious Education program and other programs and events here at Annunciation rests on the involvement and participation of parents and parishioners alike. We are all asked to give freely and generously of our time, talents, and treasure.

One parent from each family is asked to volunteer in some capacity, as the burdens of many activities cannot be successfully supported by the shoulders of a few. We will do our best to accommodate your preferences, and to incorporate your particular talent, experience and knowledge in the most appropriate way.

Please reflect upon your own skills and abilities, and take a moment to let us know the area or activity below in which you would prefer to assist during the 2015-2016 year.

Thank you for your thoughtful consideration as we prepare for another grace filled year!

K-12 Religious Education Volunteer Opportunities	Mother/Parent	Father/Parent
Team Catechist	<input type="checkbox"/>	<input type="checkbox"/>
Substitute Catechist	<input type="checkbox"/>	<input type="checkbox"/>
Door Greeter & Monitor during Wednesday eve sessions	<input type="checkbox"/>	<input type="checkbox"/>
Program Assistant [Weekday]	<input type="checkbox"/>	<input type="checkbox"/>
Youth Mass Liturgical Assistant [Grades 3-5]	<input type="checkbox"/>	<input type="checkbox"/>
Youth Mass Liturgical Assistant [Grades 6 to CP2]	<input type="checkbox"/>	<input type="checkbox"/>
Reconciliation Retreat Assistant	<input type="checkbox"/>	<input type="checkbox"/>
Eucharist Retreat Assistant	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation Retreat Assistant	<input type="checkbox"/>	<input type="checkbox"/>
Shepherd's Flock Volunteer (Special Needs Religious Education)	<input type="checkbox"/>	<input type="checkbox"/>
High School Teen Ministry	<input type="checkbox"/>	<input type="checkbox"/>
Other Volunteer Opportunities	Mother/Parent	Father/Parent
RCIA Sponsors/Team	<input type="checkbox"/>	<input type="checkbox"/>
Bazaar Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Refreshment Ministry Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality & Greeting Ministry Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Clothing Drive Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Social Concerns Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Help arrange flowers for the altar	<input type="checkbox"/>	<input type="checkbox"/>
Children's Liturgy of the Word Leader	<input type="checkbox"/>	<input type="checkbox"/>
Faith Fun Leader/Helper <small>(weekly Sunday program following Children's Liturgy for 3-5 yr olds - 20 min)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Eucharistic Minister	<input type="checkbox"/>	<input type="checkbox"/>
Lector at weekend Masses	<input type="checkbox"/>	<input type="checkbox"/>

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Have an older son or daughter who would like to volunteer with the R.E. Formation Programs

High Schoolers are invited to volunteer! Please fill out the information below and indicate any area(s) of interest.

High Schooler Name:	Grade:
Contact Email:	<input type="checkbox"/> Same as Parent's Email
AREAS OF INTEREST	
<input type="checkbox"/> K-8 RE Teaching Assistant	<input type="checkbox"/> Liturgical Minister
<input type="checkbox"/> Retreat Team Volunteer	<input type="checkbox"/> Refreshment Ministry Volunteer
<input type="checkbox"/> Service Program	
High Schooler Name:	Grade:
Contact Email:	<input type="checkbox"/> Same as Parent's Email
AREAS OF INTEREST	
<input type="checkbox"/> PRK-8 RE Teaching Assistant	<input type="checkbox"/> Liturgical Minister
<input type="checkbox"/> Retreat Team Volunteer	<input type="checkbox"/> Refreshment Ministry Volunteer
<input type="checkbox"/> Service Program	