

# Faith Formation Registration 2017-2018

**Book Fee(NON-REFUNDABLE) Registration Fee**  
Due At Time of Registration  
 Before May 30, 2017 \$55 per Family  
 After May 31, 2017 \$65 Per Family  
 After August 1, 2017 \$70.00 Per Family

**St. Ann Catholic Church**

**14151 Hwy 87-W**

**La Vernia, Tx 78121**

**Religious Education Coordinator:**

**Shannon Kosub 830-779-3131 dre@stannlv.org**

Last Name: \_\_\_\_\_

**Completed forms along with payment can be returned in one of the following ways:**

1. To your child's teacher
2. Via the collection plate at Mass
3. Mail to the parish office Atten: Shannon Kosub

**Family Contact Information: Are you Registered Members of St. Ann?** \_\_\_\_\_

**Child's Last Name:** \_\_\_\_\_ **Family's Last Name If Different:** \_\_\_\_\_

**Father's First Name:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Mother's First Name:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Important: Class List will be completed by August 16, 2017**

Please print the name(s) of each child who will be attending our Religious Education Program during the 2017-8 school year. Write the grade each child will be entering in September 2017.

Child's Name:	Date Of Birth	Grade For 2017-18	Baptism Y/N	Communion Y/N	Learning Disability
1)					
2)					
3)					
4)					

Office Use Only: Amount Paid \_\_\_\_\_ Date Paid: \_\_\_\_\_ Teacher Waived: \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

**R.E. Registration Policy**

For your child to be eligible to receive their First Communion or Confirmation this year the following minimum requirement will have to have been met.

**Your child must have attended Rel. Ed classes for 2 consecutive years not missing more than 3 classes in any given year.**

If your child will be making a sacrament this year and WAS NOT baptized at St. Ann in La Vernia, a copy of their baptismal certificate is needed as soon as possible.

\*\*Additional fees may incur for students that will receive a sacrament during the 2017-18 calendar year for retreats/workshops, bibles, t-shirts, etc.....

I hereby consent to participation by my children in Religious Education and/ or all youth events sponsored by St. Ann Catholic Church. I understand that my children will be under the supervision of diocesan and parish personnel or volunteers. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of San Antonio, it's clergy, officers, agents, employees, and volunteers from any claims, costs, or expenses for property damages, personal injuries, or other damages arising out of my children participation in these activities. In case of medical emergency, I grant permission to transport my child to the nearest hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Insurance Policy # \_\_\_\_\_ Insurance Company \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

My Signature gives permission for my children to be photographed/videoed realizing that this media may be published in newsletters, bulletin boards, teacher training, or other publication FOR THE CHURCH OR DIOCESE USE.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dear Parents:**

**As you are aware, our R.E. program is a volunteer program. If you can help in any way it will be greatly appreciated. Kindly fill in the following information and the area you think you would like to volunteer, you will be notified in August 2016, as to placement, etc. YOU ARE GREATLY NEEDED !**

<b>I Can Teach A Class. Grade # (Much Needed)</b>	<b><u>Substitute</u> <u>P.M Aide</u></b>	<b><u>Substitute</u> <u>A.M. Aide</u></b>	<b><u>Office</u> <u>Help</u></b>	<b><u>Room</u> <u>Helper</u></b>