ST. ANN CATHOLIC CHURCH

Children's Faith Formation Classes Registration 2026-2027

Return this form to the Church office or take a picture and email to:
religious.education@sacwpb.org

If you your child has never taken classes, register! If your child attended last year, register for another year of classes!
ALL INFORMATION LISTED BELOW MUST BE PROVIDED IN ORDER FOR CHILD TO ATTEND CLASS!
CLASSES ARE EVERY SUNDAY FROM 10 am TO 11am, BEGINNING ON SEPTEMBER 13th!

Mother's First Name_____ Last _____Middle _____

Mother's Maiden Name_____

Mother's Cell # (_____) _____ - _____

Mother's E-mail Address_____

Father's First Name_____ Last _____Middle _____

Father's Cell # (_____) _____ -_____

Father's E-mail Address_____

Family Street Address_____

City _____ State _____Zip Code _____

***** ALL INFORMATION BELOW IS REQUIRED TO ATTEND CLASS *****

First Name _____

Last Name _____

Date of Birth and Grade in School _____

Baptism Date (if not yet baptized write "No") _____

Parish Where Baptism Celebrated _____

1st Communion Date (if didn't yet receive 1st Communion, write "No") _____

Parish Where 1st Communion Celebrated _____

Need to Receive Confirmation, Yes or No? (9th Grade or older) _____

COPY of Birth Certificate is also required

Program Fees

$100 for 1 child --- $150 for 2 children --- $200 for 3 or more children
(Cash or Check)

PLEASE ALSO FILL OUT THE OTHER SIDE OF THIS FORM!

causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.
Signature of Parent/Guardian: _____ Date: _____

I, _____, (parent/guardian) certify that I am the parent or legal guardian of the above-signed participants and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against St. Ann Catholic Church as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participants, including without limitations any claims arising as a result of the participants leaving the supervision of St. Ann Catholic Church. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
Signature of Parent/Guardian: _____ Date: _____

Each year the Parish of St. Ann is required by the Diocesan Office of Protection of Children to hold a session on Protecting God's children. These videos deal with different topics of sexual nature; they are age appropriate. The date of the sessions will be announced in the schedule and reminded weeks ahead. Parents are encouraged to attend the sessions with their children. If you DO NOT want your child to participate, please check the box. □
□ ***I do not want my children to attend***

Signature of Parent/Guardian: _____ Date: _____

Medical Release Form

I, _____, (parent/guardian) give St. Ann Catholic Church Religious Education and its designated representative permission to transport and sign all forms related to the necessary medical treatment for _____ (children).

I also permit any and all required medical treatment to be administered by qualified medical personnel, including calling 911. I understand the parish of St. Ann is not responsible for expenses that may arise from such treatment.

Emergency Contact- Name: _____ Relationship_____
Address: _____
Phone Number: Home _____ Office _____ Cell _____
Preferred Hospital: _____ Doctor: _____ Phone:_____

List all medications your children are taking (indicate for which Child and condition):
_____
List all known allergies and medications your children are allergic to:
_____

Please also indicate any health conditions or special care information necessary to ensure the appropriate medical attention is provided

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Signature of Parent/Guardian: _____ Date: _____