St. Ann Parish

Dear Parents,

Thank you for taking the time to register your child for St. Ann Sunday School. We are so happy to welcome you and your families as you put God first in your lives, and lead your children to become disciples of Jesus Christ!

We place children on a first come, first serve basis, and we will do our best to place your child(ren) as classes fill up. ***If you volunteer with us, your child(ren) will receive guaranteed placement and a considerable discount. We pray you will consider this invaluable ministry! Call or come by the Children's Ministry office for details.***

We look forward to partnering with all of you as we minister to our young people, helping them grow closer to Christ and to one another. Please don't hesitate to contact us at **972-393-5544** if there is anything else that we can do to support you and your child.

Sincerely In Christ,

Nikki Scancella
Sunday School Coordinator
nscancella@stannparish.org

Mark here the time of the class you are signing your children up for, so you can remember once classes begin. Classes begin on September 15, 2019.

Sunday at: **Time**_____

EMERGENCY INFORMATION
IN CASE OF EMERGENCY, if a parent cannot be contacted, you have my permission to call the Emergency Contact to help make decisions regarding the care for my child. I hereby give permission to the Children's Ministry Staff of St. Ann Catholic Parish to seek emergency treatment for my child until either parent or the emergency contact person can be reached. ***On the Student Registration form, check "Yes" to agree to the Emergency Consent.***

CONTACT INFORMATION
I give permission for my child's Catechist (teacher) to access contact information as necessary. ***On the Student Registration form, check "Yes" to give permission to share contact information.***

PHOTO RELEASE / AUDIO VISUAL TAPING AND PHOTOGRAPHY CONSENT
On occasion, videotape, audio tape, slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent videotaping or the photographing of children/youth (with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts), it does encourage parental consent. Additionally, current videotapes and photographs assist law enforcement agencies dealing with the Missing Children's Program. ***On the Student Registration form, mark "Consent" or "Do Not Consent" to the use of such materials in which your child may appear. You release the staff and volunteers of St. Ann Catholic Parish and the Roman Catholic Diocese of Dallas from any liability connected with the use of your child's picture or voice recording as part of any of the above or similar activities.***

OFFICE USE ONLY
Room #: _____
Age: _____ Time: _____
Vol. child? Y N Where?____
With parent? Y N N/A
SR:

St. Ann Sunday School
Age 3 through Kindergarten
2019-2020 Registration
(One form per child)

OFFICE USE ONLY
Date received: _____ Initials: _____
Payment received? Y N Amount_____
SS ____ VAD ____ SUPPLY FEE Only____
PP? Y* N Credit Card Cash Check #_____
Parish ID #

REGISTERED PARISHIONER OF ST. ANN? ***(circle one)*** **NO*** **YES - date:** _____

**We ask that you register with St. Ann prior to registering your child for Sunday School.*

Student Information		
First Name:	Last Name:	*(circle one)* Male or Female
Street Address:	City:	Zip Code:
Home Phone #:	Age By Sept. 1, 2019:	Birth Date (mo/day/year):
Languages Spoken by Student:	Learning Challenges, Social Concerns, Medications, Allergies, or Other Information (such as Custody Issues):	

Sacraments Information
SACRAMENTS STUDENT HAS RECEIVED *(circle all that apply)*: Baptism Reconciliation Eucharist Confirmation

PARENT INFORMATION	
Mother's Name:	Father's Name:
Mother's Cell Phone:	Father's Cell Phone:
Mother's Email Address:	Father's Email Address:
Languages Spoken by Mother:	Languages Spoken by Father:

Emergency Information	
Contact Name:	Relationship to Child:
Home Phone #:	Cell Phone #:

Class Options

PLACE A "1" BY YOUR FIRST CHOICE FOR CLASS TIME AND AGE, "2" BY YOUR SECOND, ETC.

8:00am	10:00am	12:00Noon
_____ 3 yr.	_____ 3 yr.	_____ 3 yr.
_____ 4 yr.	_____ 4 yr.	_____ 4 yr.
_____ Kindergarten	_____ Kindergarten	_____ Kindergarten

Do you have other children in Sunday School? *(circle one)* YES NO If YES, what age?

Payment

(Check one):	Total Enclosed: $_____
_____ $90.00 for 1 S.S. student _____ $140.00 for 2 S.S. students _____ $170.00 for 3 S.S. students	*If this is a financial burden, please contact the Children's Ministry Office for options. Placement cannot be made until payment is received or payment plans are arranged.*

I have read the Photo Release Information	_____ Consent _____ Do Not Consent
I have read and agree to the Emergency Consent	_____ YES
I have read and give permission to share Contact Info with teachers	_____ YES

WOULD YOU LIKE TO VOLUNTEER FOR THE SUNDAY SCHOOL PROGRAM? Yes! Not at this time *(circle one)*

NOTE: Reduced tuition is offered to volunteers in the S.S. program. If you indicate that you are interested, we will contact you in order to place you as a volunteer.

Should you be placed as a teacher, would you like your child in your class? Y N N/A *(circle one)*

For Office Use Only
Payments:

Date:	Payment:	Amount Due:	Initials:
_____	$_____	$_____	_____
_____	$_____	$_____	_____
_____	$_____	$_____	_____
_____	$_____	$_____	_____
_____	$_____	$_____	_____
_____	$_____	$_____	_____
_____	$_____	$_____	_____
_____	$_____	$_____	_____
_____	$_____	$_____	_____
_____	$_____	$_____	_____