

# SAINT ANNE CATHOLIC CHURCH FAITH FORMATION REGISTRATION FORM

NEW  ID/ENV. No.: \_\_\_\_\_  
 Verified by \_\_\_\_\_

**PLEASE PRINT CLEARLY** Family Last Name(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Title (Mr.) (Mrs.) (Ms.)	LAST NAME, FIRST NAME	Religion	Cellular Number	Work Number	YOU ARE REQUESTED TO PARTICIPATE IN VOLUNTEER SERVICE HOURS (see ministry list)
Head of the Household					
Spouse					

Family E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 EMERGENCY CONTACT (other than parent) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please inform the Parish Office of any changes to addresses or phone number(s).**

LAST NAME, FIRST NAME	Date of Birth	Age as of Sept. 1	School Grade as of Sept. 1	List Allergies/Learning Disabilities	Did child complete a year of Faith Formation last year? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, where? St. Anne <input type="checkbox"/> Other: _____
Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>  Sacrament Information Date, Church, City, State, Country (if not USA) <i>Please provide original baptismal certificate.</i>	Baptism Yes <input type="checkbox"/> No <input type="checkbox"/>	Communion Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmation Yes <input type="checkbox"/> No <input type="checkbox"/>	If applicable, list other parent's name  Does child visit other parent on weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>	FOR FF OFFICE USE ONLY Elem. <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> FF <input type="checkbox"/> 1st Comm. <input type="checkbox"/> Conf. <input type="checkbox"/> RCIA <input type="checkbox"/>
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**FOR FF OFFICE USE ONLY** Assigned on: \_\_\_\_\_ by \_\_\_\_\_ Enrolled on: \_\_\_\_\_ by \_\_\_\_\_

Family Last Name(s):

ID/ENV. NO.:

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**Safe Environment Policy**

The Diocese of St. Petersburg has mandated that all adult staff and volunteers who are entrusted with the care or supervision of children, youth, and vulnerable adults must be trained in the Safe Environment Policy (SEP). This parish follows the Diocese of St. Petersburg's Policy on Safe Environment and provides training on the subject to catechists, assistants, and other volunteers. In addition to this training, volunteers are also background checked. SEP classes are also provided for parents and children (age-appropriate material is presented). As a parent, I understand that I am free to not take advantage of the Safe Environment Training Program for adults and children.

**Acknowledgement of Receipt of Harassment Policy**

I acknowledge that I have received, read, understand, and accept the Harassment Policy in Non-Employment Situations regarding the schools, early childhood centers, parish youth ministry program, parish religious education programs, Boy Scouts and Our Lady of Good Counsel Camp of the Diocese of St. Petersburg.

**PHOTO/VIDEO RELEASE**

YES, I do give my permission to have my child/children photographed/ videotaped for use in church publications/website and/or for use by the general news media for print or broadcast purposes.

NO, I do not give my permission to the above

YES, I do give my permission to release my child's/children's name(s)

NO, I do not give my permission to release my child's/children's name(s)

Signature of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Printed Name of Parent or Legal Guardian \_\_\_\_\_

Printed Name of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

FOR FF OFFICE USE ONLY Assigned on: \_\_\_\_\_

by \_\_\_\_\_

Enrolled on: \_\_\_\_\_

by \_\_\_\_\_