



# Annunciation Parish

45 Urban Club Road  
Wayne, NJ 07470

OFFICE USE ONLY	
Amt _____	Check # _____
Date _____	Cash _____

## Family Faith Formation: Registration 2018 - 2019

### FAMILY INFORMATION...

**PLEASE PRINT ALL INFORMATION**

Family Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Family E-mail Address – REQUIRED! \_\_\_\_\_ Additional E-mail Address \_\_\_\_\_

**PLEASE NOTE: EMAIL IS OUR PRIMARY MEANS OF COMMUNICATION WITH YOU**

Mother's Name (First, Maiden, Last) \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

\_\_\_\_\_ Custodial Parent (if Separated or Divorced)

### TUITION AND FEES...

Tuition is \$125.00 per child with a maximum family total of \$325.00. Registration fees are not refundable.

PROGRAM	TUITION	# OF CHILDREN	TUITION DUE
Grades 1–6	\$125		
Grades 7–8	\$125		
Grades 9–10 (Confirmation)	\$125		
SACRAMENT	FEES	# OF CHILDREN	FEES DUE
Baptism	\$25		
1 <sup>st</sup> Reconciliation & 1 <sup>st</sup> Eucharist	\$50		
Antioch Retreat Fee	TBA	x	x
<b>TOTAL DUE:</b>			\$

**COPIES OF BAPTISMAL CERTIFICATES NEED TO BE PROVIDED FOR FIRST TIME REGISTRANTS**

# CONSENT AND MEDICAL RELEASE...

I request that Annunciation Parish allow my child(ren) to participate in its **2018-2019 Faith Formation and Youth Ministry Programs**. I hereby release and indemnify Annunciation Parish, its staff and volunteers and the Catholic Bishop of the Diocese of Paterson, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

In the event the undersigned cannot be reached, and in the judgment of a responsible person or appropriate staff member, there is a necessity for immediate examination and/or treatment of the registered child(ren), I hereby authorize any of the aforesaid personnel to obtain such medical service.

**Emergency contact (other than parents):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CHILD ONE:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Grade Fall '18 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M / F \_\_\_\_\_  
 Date of Birth Age Sex School

List any allergies/medical conditions/special needs above.

**FAITH FORMATION PROGRAMS**

- GRADES 1 – 6 (Sunday morning)
- GRADES 7 - 8 (Sunday – Time & Schedule TBA)
- 1<sup>ST</sup> RECONCILIATION & 1<sup>ST</sup> EUCHARIST

**HIGH SCHOOL (CONFIRMATION PREPARATION)**

- YEAR 1: Sunday evening       YEAR 2: Sunday evening  
(Schedules TBA)

**CHILD TWO:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Grade Fall '18 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M / F \_\_\_\_\_  
 Date of Birth Age Sex School

List any allergies/medical conditions/special needs above.

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- YEAR 1: Sunday evening       YEAR 2: Sunday evening  
(Schedules TBA)

**CHILD THREE:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Grade Fall '18 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M / F \_\_\_\_\_  
 Date of Birth Age Sex School

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(Schedules TBA)

**CHILD FOUR:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Grade Fall '18 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M / F \_\_\_\_\_  
 Date of Birth Age Sex School

List any allergies/medical conditions/special needs above.

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