

# Annunciation Religious Education Registration Form

Please fill out all of the information listed below and sign at the bottom of the page. If you have any questions please contact Rita Janssen or Fr. Chris Rossman. Thank you.

Sex: M F

Student Name: \_\_\_\_\_  
Last Name First Name DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: M F

Student Name: \_\_\_\_\_  
Last Name First Name DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: M F

Student Name: \_\_\_\_\_  
Last Name First Name DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: M F

Student Name: \_\_\_\_\_  
Last Name First Name DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Children live with:  (Step)Father  (Step)Mother  Both  Guardian  Other(explain): \_\_\_\_\_

Father Name: \_\_\_\_\_  
Last Name First Name Phone: \_\_\_\_\_  Cell  Work  Home

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mother Name: \_\_\_\_\_  
Last Name First Name Phone: \_\_\_\_\_  Cell  Work  Home

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Same as father

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
(At least one parent must sign this form)

Please turn in this form prior to the start of the Religious Education program. All fees are due at that time unless arrangements are made otherwise in advance.

### OFFICE USE ONLY

Amount due: \$ \_\_\_\_\_ Amount paid:  Paid in full  Partial payment Amount owed: \$ \_\_\_\_\_

Paid by:  Cash  Check Check #: \_\_\_\_\_ Notes: \_\_\_\_\_

Family Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Cell Home Work

E-mail \_\_\_\_\_

### Release and Discharge of Liability Medical Release and Permission Grades K - 12

I/We, the parent(s)/guardian(s) of: 1) \_\_\_\_\_ Gr 2) \_\_\_\_\_ Gr  
Child & Grade Child & Grade  
3) \_\_\_\_\_ Gr 4) \_\_\_\_\_ Gr  
Child & Grade Child & Grade

allow my son(s)/daughter(s), listed above to participate in all Annunciation Religious Education programs and in all related projects and activities. In consideration of making these arrangements for the religion program, I/we hereby release and save harmless Annunciation Catholic Church, its employees, and volunteers from any and all liability for any injury resulting from involvement in the Religious Education or any related project or activity. In consideration for permitting my child(ren) to participate in this activity, I/we \_\_\_\_\_ agree on behalf of my/our child(ren) listed above and myself, our heirs, assigns, executors and personal representatives to release and hold harmless Annunciation Catholic Church, the Roman Catholic Archdiocese of Kansas City in Kansas, their officers, directors, agents, employees, chaperones and official representatives from any and all liabilities, claims, loss or damages arising from or in connection with my/our child's(ren's) participation in Annunciation Religious Education classes and activities. To the best of my/our knowledge, my(our) child(ren) is/are in good health and physically able to participate in this program. I/We also allow photos taken at parish events, which may include my(our) child(ren) to be published in parish media, such as the bulletin, digital announcements and the website.

In order to meet all legal requirements, I/we also give my permission for the aforementioned child(ren) above to be treated by a qualified medical doctor in the case of medical emergency.

My/Our child(ren) may receive over the counter medications. Yes No (Check one.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Guardian(s)

Emergency contact:

1) \_\_\_\_\_  
Name Phone #1 Phone #2 Relationship to child(ren)  
2) \_\_\_\_\_  
Name Phone #1 Phone #2 Relationship to child(ren)

Medical Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Allergies or other pertinent medical information: (ADD, epilepsy, asthma...)

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_

Medications taken on a regular basis:

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_