

**SAINT ANN CATHOLIC CHURCH**

**Mrs. Veronica Matias**  
561-832-3757 ext. 304  
ReligiousEd@stannchurch.net

**First Holy Communion**

**Program Material Fee is \$50 per child or \$125 for 3 or more. Please print clearly.**

**DATE:**

Child's Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**Child resides with:** (Please circle) Both Parents Mother Father Other \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent's Information:**

**Mother's Full Name:** \_\_\_\_\_ **Mother's Maiden:** \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_ @ \_\_\_\_\_

Mother's street address (if different from Child: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_ @ \_\_\_\_\_

Father's street address (if different from Child: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does the child take any medication or have any health problems? \_\_\_No \_\_\_Yes -If yes, please list medications and condition \_\_\_\_\_

**Baptism Information:**

Baptized? Yes  or No  Date of Baptism : \_\_\_\_/\_\_\_\_/\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**We will need copies of Birth Certificate and Baptism Certificate (copies only do not attach originals)**

Is Family Registered at Saint Ann Church? Yes  or No  Envelope # \_\_\_\_\_

If no - Name of church you are attending \_\_\_\_\_

Name of school child is attending \_\_\_\_\_ GRADE \_\_\_\_\_

**For Office Use Only**

Baptism certificate received: Yes

Date Completed and recorded: \_\_\_\_\_

Attended Retreat: Yes

Certificate Issued: \_\_\_\_\_

Letter from previous parish received: Yes

Notes/Remarks: Yes

**Photograph and/or Videotape Consent & Release**

I hereby grant to St. Ann Catholic Church the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law 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 Participants: \_\_\_\_\_ 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*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Catechetical Program 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. \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_