



HOLY HOMES

Nurturing Faith in Every Family

THERE WILL BE A MEALS + MATERIALS FEE OF \$60 PER FAMILY

Family Surname: _____

Are you registered members of St. Anne parish? YES NO

Number of Children In Your Household (infancy thru 5th grade): _____

Please provide full name, age, and sex of each child in your household in infancy thru 5th grade.

Child(ren) Currently Reside(s) With: PARENTS MOTHER FATHER GRANDPARENTS GUARDIAN

My second grade student will be participating in Sacramental Preparation this year. YES NO
PLEASE NOTE - SIGNING UP FOR AND PARTICIPATING IN CATECHESIS OF THE GOOD SHEPHERD (CGS) LEVEL II IS AN IMPORTANT PART OF THE SACRAMENTAL PREPARATION PROCESS!

Do any of your children take any medications OR have any medical conditions?
(diabetes, epilepsy, heart conditions, etc.)

YES NO If yes, please explain. _____

Do any of your children have any allergies? (insects, hay fever, strawberries, peanuts, etc.)

YES NO If yes, please explain. _____

Do any of your children have any allergies or adverse reactions to medications?
(penicillin, ibuprofen, acetaminophen, etc.)

YES NO If yes, please explain. _____

Do any of your children have any disabilities or physical or developmental limitations?

YES NO If yes, please explain. _____

As a rule, medication will not be administered by parish pastors, staff, or volunteers. The exception is an Family Formation/Youth program or activity that includes an extended day or overnight activity. If medication is required a separate Consent and Waiver Medication Form must be completed prior to the activity.

A COMPLETED HOUSEHOLD REGISTRATION FORM IS ALSO REQUIRED
PLEASE MAKE CHECKS PAYABLE TO ST. ANNE CATHOLIC CHURCH. ONLINE PAYMENT PORTAL AVAILABLE AT STANNEBA.WESHAREONLINE.ORG. VICTORIA HARVEY • FAMILY LIFE COORDINATOR • VHARVEY@STANNEBA.ORG