

# Registration form

## St. Anne's CATHECISM

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|--|-----------------------|
| Name of Youth Group Member   |                       |
| Grade  |                       |
| Date of birth  |                       |
| Address  |                       |
| Home Phone   |                       |
| Cell Phone   |                       |
| e-mail   |                       |
| Parent/Guardian Name   |                       |
| Parent Phone   |                       |
| Parent e-mail  |                       |
| Emergency contact 1:   | Name: _____ Ph: _____ |
| Emergency contact 2:   | Name: _____ Ph: _____ |
| Any allergies  |                       |
| Any physical limitations   |                       |
| Any medications needing to be taken during catechism – if yes, please give details               |                       |
| Permission for non-prescription medication to be given to youth group member if deemed necessary |                       |
| Will your child be receiving a sacrament, if yes, which one?                                     |                       |
| Permission to use my child's image On our church web-site or Facebook page                       |                       |

Signed by \_\_\_\_\_

Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

**Catechism fees** Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash or Cheque \_\_\_\_\_

**( 1st child - \$25.00, 2nd & subsequent children - \$15.00)**