Our Lady of the Annunciation Parish
Faith Education Registration

Academic Year: 2026–2027

Family & Parent/Guardian Information

- **Registered Parishioners?** [ ] Yes [ ] No **New to the Parish?**[ ] Yes [ ] No
- **Street Address:**
  _____
- **City / State / Postal Code:**
  _____
- **Parents' Marital Status:**
  - [ ] Married in the Catholic Church
  - [ ] Married Civilly
  - [ ] Single
  - [ ] Divorced / Separated
  - [ ] Widowed
  - Faith Denomination: Both Catholic [ ]
  - Other Denomination (please specify for both parents:
    Father:_____ Mother:_____

Parent/Guardian 1 (Primary Contact)

- **Full Name: _____**
- **Relationship to Child: _____**
- **Cell Phone: _____**
- **Email Address: _____**

Parent/Guardian 2

- **Full Name: _____**
- **Relationship to Child: _____**
- **Cell Phone: _____**
- **Email Address: _____**

Student Registration

Student 1

- **Full Name (First, Middle, Last):**
  _____
- **Date of Birth (DD/MM/YYYY):** _____ **Gender:** [ ] M [ ] F
- **School Attending:** _____
- **Grade Level (as of Sept 2026):** _____ **Age:**_____
- **Sacraments Received (Check all that apply and provide year/parish if known):**
  - [ ] Baptism (Parish/Year):
    _____
  - **BAPTISMAL CERTIFICATE ON FILE:** (Unless baptized at Our Lady of the Annunciation Parish, a copy of the baptismal certificate must be provided if you haven't already done so.)
  - [ ] First Reconciliation (Parish/Year):
    _____
  - [ ] First Holy Communion (Parish/Year):
    _____
  - [ ] Confirmation (Parish/Year):
    _____
- **Learning or Medical Needs:**
  _____

Student 2

- **Full Name (First, Middle, Last):**
  _____
- **Date of Birth (DD/MM/YYYY):** _____ **Gender:** [ ] M [ ] F
- **School Attending:** _____
- **Grade Level (as of Sept 2026):** _____ **Age:**_____
- **Sacraments Received (Check all that apply and provide year/parish if known):**
  - [ ] Baptism (Parish/Year):
    _____
  - **BAPTISMAL CERTIFICATE ON FILE:** (Unless baptized at Our Lady of the Annunciation Parish, a copy of the baptismal certificate must be provided if you haven't already done so.)
  - [ ] First Reconciliation (Parish/Year):
    _____
  - [ ] First Holy Communion (Parish/Year):
    _____
  - [ ] Confirmation (Parish/Year):
    _____
- **Learning or Medical Needs:**
  _____

Emergency Contacts & Medical Release

- **Emergency Contact (If parents cannot be reached):** _____
- **Relationship to Child: _____ Phone Number: _____**

Medical Liability Release: *I hereby grant permission for the parish staff or volunteers to seek emergency medical treatment for my child(ren) in the event that I cannot be reached. I release the parish and diocese from liability arising out of accidental injury.* ***Parent Initials:_____***

Safe Environment & Media Liability Waiver

Photo & Video Release: I grant permission for the parish to use photos/videos of my children in print bulletins, parish websites, or official social media accounts.

- [ ] **I Accept** [ ] **I Decline**

Fees & Payment Options

- **Tuition Rate:** 1 Child = $ 100 | 2 + Children (Family Max) = 200$
- Payment **includes books and materials.**
- **Payment Type:** [ ] Cash [ ] Check (Payable to Parish Name) [ ] Paid Online via Parish Portal (Paypal)
- **PAYMENT IS TO BE INCLUDED WITH REGISTRATION FORMS. Cheques can be made out to Annunciation Parish. Online payment through Paypal can be made using the 'Donate' button on the Parish website. Please add a few dollars to the payment to cover the PayPal fee.**
- *Note: Financial scholarships are available. No child will be denied faith education due to financial hardship.*

Parent Promise/Commitment: PLEASE READ AND SIGN

As a parent/guardian, I understand that I am the first and most important educator of my child(ren). Religious education is not something learned from a book, but is available to my child(ren) by the everyday examples of his/her parents. As a parent/guardian, I, more than any one, help my child(ren) relate his/her everyday experiences to their faith. I work with their child(ren) individually, considerate of my own child(ren)'s needs, capabilities, experiences and circumstances. My own attitudes towards Mass and the program will influence my child(ren)'s attitude more than anything else.

Having understood this, I will:

(1) attend Sunday Mass every week, health permitting
_____(initial)

(2) over the year meetings, workshops and community events to enrich my own faith _____ **(initial).**

Parent/Guardian Signature: _____

Date: _____

PEOPLE AUTHORIZED TO PICK UP MY CHILD(REN) - ASIDE FROM PARENTS:

NAME	**PHONE NUMBER**
1.	
2.	
3.	