



**St. Ann Catholic Parish**  
**Special Needs Children's Religious Education**  
**Class II 6<sup>th</sup> grade-12<sup>th</sup> grade**  
**2018-2019 Registration**  
*(One form per child)*

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Room #: \_\_\_\_\_

Day/Time: \_\_\_\_\_

*The Special Needs Class II meets on Sundays during the 10:00 Mass. We will lovingly serve your child according to their sacramental, spiritual, physical, and emotional needs. Please speak to the Director of Children's Religious Education, Debbie Kaluza, before classes begin so that we can help meet the specific needs of your child and your family.*

**ARE YOU A REGISTERED PARISHIONER OF ST. ANN? YES - date: \_\_\_\_\_ Parish ID #: \_\_\_\_\_**  
**NO \_\_\_\_\_**

**\*You must be a registered parishioner of St. Ann prior to registering your child for Children's Religious Education.**

**Will your child be new to the Special Needs C.R.E. class? Yes \_\_\_\_\_ No \_\_\_\_\_**

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthday (Mo/Day/Year) \_\_\_\_\_ GRADE in Sept. 2018 \_\_\_\_\_ School: \_\_\_\_\_

Language(s) spoken by child: \_\_\_\_\_

Language(s) spoken by parents: \_\_\_\_\_

**Sacraments my child has received (please circle):    Baptism    Reconciliation    Eucharist    Confirmation**

**This is my child's first year of Children's Religious Education    Y    N    (circle one)**

**If no: My child has attended Children's R. E. in \_\_\_\_\_ Grade(s)**

**MY CHILD WILL PREPARE FOR SACRAMENTS THIS YEAR    YES    NO    (circle one)**

**WHICH SACRAMENT(S)?**

**Baptism \_\_\_\_\_ 1<sup>st</sup> Reconciliation\* \_\_\_\_\_ 1<sup>st</sup> Communion\* \_\_\_\_\_ Confirmation \_\_\_\_\_**

**\*\*Please be sure to fill out a Special Needs Student Form to give us more individualized information on how your child learns and what his /her needs are. \*\***

**Please list any foods that are restricted from your child's diet and why (i.e. allergy, behavior, texture, etc.):**

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents' e-mail address: \_\_\_\_\_

**It is important that we are able to contact you during class for emergency purposes. Please list a cell phone number that you will have with you on Sundays during class. (If you will be attending Mass while your child attends C.R.E. class, please keep your phone on vibrate.) Cell phone to call during class: \_\_\_\_\_**

**PLEASE TURN OVER TO COMPLETE OTHER SIDE OF REGISTRATION.**

**PAYMENT:**

There is no fee for children with special needs.

**EMERGENCY CONTACT:** In an emergency, and if a parent cannot be contacted, you have my permission to contact the following person to help make decisions regarding the care for my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

I hereby give permission to the C.R.E. Office Staff of St. Ann Catholic Parish to seek emergency treatment for my child until either parent or the emergency contact person can be reached.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Please be sure to circle appropriate information in Photo Release below.**

**PHOTO RELEASE**

AUDIO VISUAL TAPING AND PHOTOGRAPHY CONSENT On occasion, videotape, audio tape, slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent videotaping or the photographing of children/youth (with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts), it does encourage parental consent. Additionally, current videotapes and photographs assist law enforcement agencies dealing with the Missing Children's Program.

**I / We consent / do not consent (circle one)** to the use of such materials in which my child may appear. I release the staff and volunteers of St. Ann Catholic Parish and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or voice recording as part of any of the above or similar activities.

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Please mail registration form to the following address or drop it by the C.R.E. Office.

St. Ann Catholic Church  
Attn: Special Needs C.R.E. Registration  
180 Samuel Blvd.  
Coppell, Texas 75019

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**PLEASE TURN OVER TO COMPLETE OTHER SIDE OF REGISTRATION.**