

ST. ANN CATHOLIC CHURCH
646 CLINTON AVENUE
HAMILTON, OH 45015
513-863-4963

St. Ann Religious Education Application

School year 2009-2010

Last Name	First Name	MI	
Address	City	State	Zip
Home Phone	Emergency Phone		
Date of Birth	Age	Grade entering in fall of 2009	

Please indicate the Sacraments you have received.

Baptized: ____Yes ____No Date_____ Place_____

Please note: If your child was not baptized at St. Ann Catholic Church, we require a copy of the Baptismal Certificate for our records. One may be obtained by calling the Church of Baptism. Your child will not be able to receive a sacrament without proof of Baptism.

Mother's Name	Religion	Work Phone
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Father's Name	Religion	Work Phone
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***Please provide an email address where CCD information may be sent:**_____

In the event of an emergency, please contact (only if parents are not available)

Name_____Phone_____Relationship_____

Comments/Medical Notes

Indicate below if your child has a medical condition, learning disability, ADD, ADHD, allergies or special requirements of which his/her catechist should be aware.

Medical Release

In the event of illness or injury and reasonable attempts are made to contact me or any of the above mentioned, I authorize the administration of any treatment deemed necessary by a licensed physician or dentist and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Signature of Parent or Legal Guardian	Date
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I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment I wish the school authorities to take NO ACTION or to:

Signature of Parent or Legal Guardian	Date
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OFFICE USE ONLY: Amount paid_____Cash _____Check # _____Date