



The Church of Saint Ann

A Christian Community in the Roman Catholic Tradition

June 15, 2023

RELIGIOUS EDUCATION AND GOF REGISTRATION

Welcome RETURNING and NEW families!

Registration for the 2023-2024 faith formation year will be ongoing from June 15 through Labor Day (Sept. 5). **However, please register as early as possible so that we can plan accordingly.** You can find a Religious Education/GOF Registration Form attached to this letter. **If you are new to the program, a copy of your child's baptism certificate must accompany the registration form!** If you are registered in another parish but want to be in our parish religious education program, you must provide a letter from your pastor granting permission to attend and/or receive sacraments. If you are returning to the program, please indicate baptism date and parish on the registration form.

The registration fee is \$100 per child for the weekly classroom based Religious Education Program (RE) and \$170 per family for our Generations of Faith Program (GOF). Please make checks out to "The Church of Saint Ann." You can also pay by credit card through Faith Direct found on the parish website—please be sure to click the one-time giving tab so that the Rel. Ed Registration Payment tab is visible. **Return of the registration form with payment will confirm your registration in one of our faith formation programs.** GOF begins on Saturday, Sept. 16. RE begins on Sunday, September 24. You can find a complete schedule for your program on the parish website and at the FDC Welcome Desk. Please make sure you get a copy.

RE meets either Sunday morning at 10:15 a.m. to 11:30 a.m., or Monday evening at 6:00 p.m. to 7:15 p.m. (you need only choose one option). Sacramental prep grades, 2, 7 & 8 meet in the Faith Development Center (FDC). Grades 1, 3-6 will meet in Saint Ann School.

GOF (Generations of Faith), our family-centered faith formation model, is offered monthly in the FDC building on Saturday morning either at 9:30 a.m. to 11:15 a.m. or Sunday evening at 5:00 p.m. to 6:45 p.m. (you need only choose one option each month) September through April. I especially want to invite new families to consider GOF as a possibility for your family/child. This faith formation program, suited for today's families, provides an opportunity for parents to learn along with their children, develop your faith, and empower them to guide their children in faith. Please contact me if you have more questions about our programs by phone at 609-882-6491 ext. 116 or by email at gmacc@churchofsaintann.net.

God's Peace,

Gary Maccaroni
Pastoral Associate and DRE
gmacc@churchofsaintann.net
609-882-6491, ext. 116

Libby Kelley
Religious Education Secretary
religioueducation@churchofsaintann.net

For Office Use

Family Name: _____

Registered member of The Church of St. Ann _____

Fee: _____ Amt. Pd _____ cash _____ ck # _____

Parish Religious Education Program Registration Form

The Church of Saint Ann
1253 Lawrence Avenue
Lawrenceville, NJ 08648
609-882-6491 or religiouseducation@churchofsaintann.net

Fees
2023 - 2024

\$100 per child RE
\$170 GOF per family (includes meals)
Make check payable to "Church of St. Ann" or you can pay by credit card through Faith Direct (on parish website).
Please check here if you are paying by credit card _____.

Complete Form. Print clearly. For first time registrations, please bring a copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle & Last)	Gender M/F	Date of Birth	RE Level 2022- 2023	Grade in school	Session Preference GOF or RE on Sun/Mon	Baptism Date & Parish (if received)	1 st Penance Year & Parish (if received)	1 st Communion Year & Parish (if received)

Family Name: _____

Home Phone #: _____

Address: _____ Street _____ City _____ Zip Code _____ Email: _____

Are you currently a registered member of The Church of Saint Ann? Yes No If no, where are you registered? _____
If registered at another parish, a letter from your pastor granting permission to attend must accompany this form, and if receiving a sacrament at Saint Ann, please have that permission granted as well.

Father's Name: _____ Religion _____ Cell Phone # _____

Mother's Name: _____ Religion _____ Cell Phone # _____

Mother's Maiden Name: _____

CUSTODY: Are there any custody/legal issues? ☐ yes ☐ no (If yes, please provide a complete copy of the latest court order.)

*Name of person responsible for Religious Education if not a Parent/Guardian _____ Relationship _____ (Cont. on p. 2)
Revised 7/2023 Please Turn--->1

Family Name: _____

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609-882-6491 or religiouseducation@churchofsaintann.net

(Cont. from p. 1)*Parent/guardian must provide a signed, dated letter of permission to the Director of Religious Education (DRE) which is to be kept on file and updated annually.
EMERGENCY CONTACT INFORMATION:

If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone (home) _____ (cell) _____

Promotional Release:

I consent to the use of any photographs or videos in which my child appears by parish or the Diocese of Trenton. _____

(signature)

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at The Church of Saint Ann.

Signed (Parent/Legal Guardian): _____ Date: _____

MEDICAL/LEARNING DATA

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/ Allergies	Prescribed Medications	Disability* / Learning Support Services Please be specific and detailed	Individualized Education Program IEP or 504 ** <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

****We would like additional information about your child's needs to ensure a pleasant learning experience. Please contact the Religious Education office in person or by phone.**

* As defined by *Individuals with Disabilities Education Act*

Signature _____ Date _____ Relationship to Child(ren) _____