



Saint Ann Catholic Church Colonial Heights, Virginia

17111 Jefferson Davis Highway, South Chesterfield, VA 23834

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July 25, 2014

Parents,

Jesus' last words were, "**Go, and make disciples of all Nations**". This year at St. Ann, we will be challenging each other to take this command seriously. If we call ourselves "Catholic", then we have made the intentional choice to be *ACTIVE* followers of Jesus. This includes a commitment to form our children as disciples and to continue to grow in our own discipleship. Faith Formation every year, and regular Mass attendance is not an option; it is *What We Do and Who We Are as Baptized Catholic Followers of Jesus!*

This is your mail-in Christian Formation registration for the year 2014 - 2015. Please use the following checklist and return the registration information and materials fee **before Monday, August 25, 2014**. There is a \$10.00 late fee per family after August 25.

CHECKLIST

_____ **Gold Form:** a) Sign up children and parents sign up to assist with the program
 b) Choose session for elementary students
 c) Sign the Medical Release and Photo permission Form
 Be sure to see the back of the form for pricing, sacraments & volunteer info

_____ **White Form:** You only fill out this form to list names of students who are **NEW** to St. Ann Christian Formation program

The earliest age for a child to prepare for 1st Eucharist & 1st Penance in the Richmond Diocese is 2nd grade. The earliest age for Confirmation is 10th grade. St. Ann Parish also offers sacrament preparation for adults.

Registration forms may be returned either by mail or the drop box in the Commons area of the Worship Center. **In late August after all of the completed registrations have been submitted to the CF Office each family will receive a letter with schedules for the year.** If you want to pay by credit card or debit card or direct withdrawal you can go to the St. Ann website and click on **WeShare**; site will walk you through registration process. **You will still need to return the Registration forms.**

Enjoy the remainder of the summer with your family! We look forward to seeing you in September.

Blessings,

Dr. Patricia E. Clement, D.Min.
Director of Religious Education
pclement@stanncc.com

Elise Chapman
Coordinator of Youth (6th-12th)
echapman@stanncc.com

Judy Hopkinson
Coordinator of Elementary
jhopkinson@stanncc.com

2 enclosures

CHRISTIAN FORMATION Registration & Medical Release

Parents'/Guardians' Name: _____

Home address: _____

Home phone: _____ Mother cell #: _____ Father cell #: _____

Primary E-mail Address: _____ you will receive communications at this address

Alternate Emergency contact person and phone: _____

B. Please list for each child grade, school, allergies, medical conditions, learning or intellectual disability, emotional problems, etc.
(write on separate piece of paper if you need more space)

Child#1 Name: _____ Grade: _____ School: _____

allergy/medical condition: _____ Learning disability _____

please list any medications _____

Child#2 Name: _____ Grade: _____ School: _____

allergy/medical condition: _____ Learning disability _____

please list any medications _____

Child#3 Name: _____ Grade: _____ School: _____

allergy/medical condition: _____ Learning disability _____

please list any medications _____

Child#4 Name: _____ Grade: _____ School: _____

allergy/medical condition: _____ Learning disability _____

please list any medications _____

Indicate your preferred day for **SUNDAY or WEDNESDAY Elementary Classes PreK (age 4 by September 30, 2014) thru 5th**

SUNDAY (9:45 - 11:00 AM): _____ **WEDNESDAY (6:30 – 7:30 PM)** _____

C. Insurance Company: _____

Policy Holder's Name & Number : _____

Family Physician: _____

MEDICAL RELEASE - In the event of an emergency, I give authority to Fr. Lou, Staff or other officially designated adults to authorize the medical treatment of my child/children in my absence. I understand that an attempt to notify me will be made before any medical treatment is authorized. (If this information changes during the school year please notify the Christian Formation office.)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

D. VIDEOS and PHOTOS are occasionally taken at parish events and posted on the parish website or the Youth Newsletter. No last names are listed with the photos. If you do NOT wish to have your child's/children's picture on the website or newsletter, please sign here. Otherwise we assume permission is granted.

I do NOT want my child's/ children's picture or video posted on the parish website or in newsletter.



E. Please list here the Sacramental needs of your family this year

Child _____	Age _____	Sacrament needed _____
Child _____	Age _____	Sacrament needed _____
Adult _____		Sacrament needed _____

F. **We need YOU** for the programs to be successful! Helping with formation is an exciting and rewarding opportunity for you to grow in your faith as well as to pass our faith onto our children. Please write "Mom or Dad next to the job she/ he is willing to do this year!

ELEMENTARY CHRISTIAN FORMATION: AGES 4 – 5TH GRADE	
_____	Elementary Catechist or Co-catechist for Grade _____
_____	Elementary Aide (assists catechist weekly) for Grade _____
_____	Substitute for Elementary Grades _____ Office Manager _____
_____	Help with Family Events or Special Activities for Elementary CF
_____	Children’s Liturgy of the Word (once a month during liturgy of your choice—September - May)

YOUTH MINISTRY (GRADES 6 – 12 meet Sunday Evening)	
_____	Small group leader: Adult _____ Confirmed 11 th & 12 th grader _____
_____	Coordinate food & set –up for meals for grades 6 – 12
_____	Assist with food and set-up for meals for grades 6 - 12
	Chaperone Outings for grades 6 - 12 (off-site Bowling, Retreats, etc)

G. CHRISTIAN FORMATION MATERIALS FEE:

1 child	\$ 35.00
2 children	\$ 55.00
3 or more	\$ 70.00

SACRAMENTAL PREPARATION Materials Fee:

Book Fee: First Penance/First Eucharist \$25.00 per child
Retreat Fees for Confirmation student \$150.00 (pays for 2 day retreats and 1 weekend overnight retreat)

Scholarships are available if needed, call the Christian Formation Office at 526-2548. No one will be turned away!

Please complete forms and mail to St. Ann Church CF Office or drop in the return box in the Church Commons. You can include a check or you can pay by credit or debit card or automatic withdrawal by going to WeShare on the parish website- www.stanncc.com . Click on Christian Formation registration and the site will walk you through the process. You do still need to complete and return the forms.

OFFICE INFORMATION – to be completed by Christian Formation Office

DATE FEE RECEIVED _____ **CHECK #** _____ **CASH** _____ **AMOUNT** _____

"NEW STUDENT" Only – Sacrament Information

PARENTS/GUARDIANS:

Father's Full Name	Father's Address	Father's Cellular phone
Mother's Full Name	Mother's Address (if different)	Mother's Cellular phone

	LAST NAME	FIRST NAME	Date of Birth	Catholic Baptism	Catholic Eucharist	Confirmed
Child #1	_____	_____	_____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
Child #2	_____	_____	_____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
Child #3	_____	_____	_____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
Child #4	_____	_____	_____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

If your child was not baptized in a Catholic Church was he/she baptized in a non-Catholic Church? Please list below:

Name	Where baptized? (Name of Church, City & state)