

St Anne Catholic Church
Religious Education Registration
Sunday School of Religion
(Grades K-6)
2010-2011

PARENT INFORMATION:

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone(cell or work) _____

Emergency Contact: _____ Emergency Phone _____

Email address: _____
(I frequently use email to communicate with parents)

CHILD/YOUTH INFORMATION:

Name _____ Grade _____ Date of Birth _____

Preferred Name to use if different from above _____

Has this child received the Sacrament of:

Baptism? ____ (yes/no) Date of Baptism _____

Place of Baptism _____

First Communion? _____ (yes/no)

Date of First Communion _____

Place of First Communion _____

Confirmation? _____ (yes/no) Date of Confirmation _____

Place of Confirmation _____

FEE: \$25.00 per child with a \$60.00 maximum per family. If this creates a financial hardship, please apply for a waiver of fee. Thank you.