St Anne Catholic Church
Religious Education Registration
Sunday School of Religion
(Grades K-6)
2008-2009

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.