

ST. ANNA'S CATHOLIC CHURCH
1401 Alcovy St., Monroe, GA 30655
2018-2019 SCHOOL OF RELIGION REGISTRATION FORM

INSTRUCTIONS: Complete form(s) and e-mail to Victoria Reeves (vreeves@st-annas.com)
or send by mail to the address above c/o Victoria Reeves, DRE

NOTE: Save form to your computer and fill out using Adobe Acrobat or Acrobat Reader. If your computer has a default email program, click the SEND button at the end of this form to e-mail it. Otherwise, print or save to your computer and attach it to an email manually or print and send by mail or drop off at our office. If you have more than four children and need an extended form, contact vreeves@st-annas.com or call 770-267-7637.

- **Book and Material fees (select one):** 1 child \$35 2 children \$60 Family \$75
- **Payment Method (select one):** Pay online (preferred) Pay by check (payable to St. Anna's) Pay cash

FAMILY LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

FATHER'S INFORMATION

FIRST NAME _____ LAST NAME _____

CELL PHONE _____ EMAIL _____

MOTHER'S INFORMATION

FIRST NAME _____ MAIDEN NAME _____

CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME _____

CELL PHONE _____ EMAIL _____

**FIRST COMMUNION STUDENTS NOT BAPTIZED AT ST. ANNA'S MUST SUBMIT
A COPY OF THEIR BAPTISMAL CERTIFICATE**

STUDENT(S) REGISTERING

1. STUDENT NAME _____

GENDER _____ BIRTHDATE _____

GRADE _____ SCHOOL ATTENDS _____

BAPTISMAL DATE _____ PLACE OF BAPTISM _____

FIRST EUCHARIST DATE _____ PLACE OF FIRST EUCHARIST _____

FIRST RECONCILIATION DATE _____ PLACE OF FIRST RECONCILIATION _____

CONFIRMATION DATE _____ PLACE OF CONFIRMATION _____

SPECIAL NEEDS (*medical, learning disabilities, physical disabilities, etc.*) _____

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STUDENT(S) REGISTERING, *continued*

2. STUDENT NAME _____

GENDER _____ BIRTHDATE _____

GRADE _____ SCHOOL ATTENDS _____

BAPTISMAL DATE _____ PLACE OF BAPTISM _____

FIRST EUCHARIST DATE _____ PLACE OF FIRST EUCHARIST _____

FIRST RECONCILIATION DATE _____ PLACE OF FIRST RECONCILIATION _____

CONFIRMATION DATE _____ PLACE OF CONFIRMATION _____

SPECIAL NEEDS (*medical, learning disabilities, physical disabilities, etc.*) _____

3. STUDENT NAME _____

GENDER _____ BIRTHDATE _____

GRADE _____ SCHOOL ATTENDS _____

BAPTISMAL DATE _____ PLACE OF BAPTISM _____

FIRST EUCHARIST DATE _____ PLACE OF FIRST EUCHARIST _____

FIRST RECONCILIATION DATE _____ PLACE OF FIRST RECONCILIATION _____

CONFIRMATION DATE _____ PLACE OF CONFIRMATION _____

SPECIAL NEEDS (*medical, learning disabilities, physical disabilities, etc.*) _____

4. STUDENT NAME _____

GENDER _____ BIRTHDATE _____

GRADE _____ SCHOOL ATTENDS _____

BAPTISMAL DATE _____ PLACE OF BAPTISM _____

FIRST EUCHARIST DATE _____ PLACE OF FIRST EUCHARIST _____

FIRST RECONCILIATION DATE _____ PLACE OF FIRST RECONCILIATION _____

CONFIRMATION DATE _____ PLACE OF CONFIRMATION _____

SPECIAL NEEDS (*medical, learning disabilities, physical disabilities, etc.*) _____

SEND

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