

ST. ANNA'S CATHOLIC CHURCH
SCHOOL OF RELIGION REGISTRATION FORM
2018-2019

Complete form and e-mail it to Victoria Reeves – vreeves@st-annas.com

NOTE: Save form, then fill it using a pdf reader (adobe acrobat), then you can click the button at the bottom of this form to auto e-mail it.

Book and Material fees as following: 1 child \$35, 2 children \$60, Family \$75. You may now pay online, make check payable to St. Anna's, or 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.) _____

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.)
