

St. Paul/St. Ann Religious Ed. Program
New Registration Form
2016-2017

FOR OFFICE USE ONLY:		
LEVEL:	Day:	Time:
Amount: \$	enclosed	
Check #	Cash Misc.	

CHILD Last Name: _____ First: _____ Middle: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Gender: (Circle One) Male / Female
Birthday: Month _____ Day _____ Year _____ Current age: _____ Place of birth: _____
Public School: _____ Grade for this coming September: _____

MOTHER First Name: _____ Maiden Last Name: _____ Cell Phone #: _____
Religion: _____ E-mail: _____ Work Phone #: _____

FATHER First Name: _____ Last Name: _____ Cell Phone: _____
Religion: _____ E-mail: _____ Work Phone #: _____
Marital Status: _____

MEDICAL INFORMATION:

Allergies: _____ Pediatrician: _____ Phone: _____
special Needs or IEP: _____

EMERGENCY INFORMATION:

Name: _____ Phone: _____ Relationship to child: _____

WHICH SACRAMENTS HAS YOUR CHILD RECEIVED:

Baptism _____ Church: _____ City/State: _____
First Penance _____ Church: _____ City/State: _____
First Communion _____ Church: _____ City/State: _____

All families must be active registered parishioners at either the Church of St. Ann or the Church of St. Paul.

Parishioner Envelope Number: _____

Please see reverse side for registration fees and class session options.

We will try our best to accommodate every family with their first session of choice but in the event that the session is filled please list an alternate choice.

First choice: _____ Second choice: _____

In registering my child with the Saint Paul/St. Ann Religious Education Program, I am making a commitment and promise that with the help of our Lord I will do my best to remain faithful and supportive of our Religious Education Program. As an active member of our parish family I will continue to emphasize to my child by word and example the importance of regular Sunday Mass attendance.

I have received and read the Parent/Student Handbook.

Signature of Parent/Guardian

Date