

SAINT ANN CATHOLIC CHURCH  
RELIGIOUS EDUCATION REGISTRATION FORM

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City & Zip: \_\_\_\_\_

Email Address (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City & Zip: \_\_\_\_\_

Email Address (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

**TO ENROLL FOR FIRST COMMUNION OR CONFIRMATION CLASS YOU MUST PRESENT BAPTISMAL CERTIFICATE AND FIRST COMMUNION CERTIFICATE FOR CONFIRMATION**

Registering For: First Communion Class One: \_\_\_\_ First Communion Class Two: \_\_\_\_

Regular CCD Class Grade: \_\_\_\_ Grade in School: \_\_\_\_

Confirmation Class One: \_\_\_\_ Confirmation Class Two: \_\_\_\_ Grade in School: \_\_\_\_

Middle School Youth Group: \_\_\_\_ High School Youth Group: \_\_\_\_ Grade in School: \_\_\_\_

Special Needs: \_\_\_\_\_

EMERGENCY CONTACT (Name, address and phone number): \_\_\_\_\_

Sacrament Received	Date	Church	City and State
<b>Baptism</b>			
<b>Reconciliation</b>			
<b>First Communion</b>			
<b>Confirmation</b>			

Fee and Book	Amount	Date Paid	Check/Cash/ Credit (+3%)	Balance
1 <sup>st</sup> Child	\$60			
2 <sup>nd</sup> Child	\$50			
3 <sup>rd</sup> Child or More	\$40 each			
Total Children				

I \_\_\_\_\_ give my consent to saint Ann Roman Catholic Church to use my (child's name) \_\_\_\_\_ picture, voice and name for whatever purpose it considers necessary, appropriate, and shall not be derogatory or degrading.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_