

- New Student(s)
 Returning Student(s)

**ST. ANN RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM 2011**

PRINT CLEARLY – FILL IN ALL SPACES – ALL INFORMATION

Payment due at time of registration – Please return via collection basket or to Parish Office

Father's Full Name _____ Religion _____ Parish _____

Mother's Full Name _____ Religion _____ Parish _____

Marital Status: ___ Married ___ Separated ___ Divorced ___ Widow(er) ___ Other _____

With whom does student(s) live? (Example: both parents, father, mother, grandparent(s)) _____

PRIMARY MAILING ADDRESS:
Name _____
Address _____
City _____ Zip _____
Phone (H) _____ (C) _____
Parent email address _____

SECONDARY MAILING ADDRESS:
Name _____
Address _____
City _____ Zip _____
Phone (H) _____ (C) _____
Parent e-mail address _____

EMERGENCY CONTACT:

Name _____ Phone _____

Relationship to student(s) _____

<u>Students</u> First & Last Name	Date of Birth	Public School Grade Level	Religious Ed Grade Level	Sacraments Received B= Baptism R=Reconciliation E=Eucharist C=Confirmation <i>Circle all that apply</i>	Church, City, and State of Baptism
				B R E C	
				B R E C	
				B R E C	
				B R E C	

Religious Education Fees Payment Due at Time of Registration		Total Amount \$ _____
		Cash or Check # _____
	After 9/1/11	Received by _____
1 child	\$20	Date _____
2 children	\$35	
3 or more	\$50	

Does your child have any health issues or learning disabilities we should be aware of? If yes, please check this box and describe on the reverse side. <input type="checkbox"/>

If there is difficulty with the financial aspect, please contact the Parish Office at 322-5935. No one will be refused. All other questions, please contact Shannon Nappi or Tiffany Haller at dre@stannrcc.org. <www.stannrcc.org>