CHURCH OF ST. ANNE’S RELIGIOUS ED PROGRAM

2025-2026 Religious Education Registration Form

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX\_\_\_ AGE\_\_\_

(last) (first) (full middle)

DATE OF CHILD’S BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLACE OF BIRTH

(city/state)

SCHOOL ATTENDING IN 2025/2026 & SCHOOL GRADE LEVEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

(name of school) (grade)

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_

Does your child have any medical, educational, or physical limitations we should know about? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

If yes, please explain

It is very important that we are aware of this fact so that your child’s catechist can work with you and your child.

Does your child have any allergies? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes please explain.

Does your child have permission to leave without a parent/guardian Yes\_\_\_\_ No\_\_\_\_

**Contact Information**

MOTHER’S NAME MOTHER’S CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S EMAIL: (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FATHER’S CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S EMAIL: (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BAPTISM:**  NAME OF CHURCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_ **FIRST RECONCILIATION**: NAME OF CHURCH \_\_DATE­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRST COMMUNION**: NAME OF CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **COPY OF STUDENT’S BAPTISM & FIRST COMMUNION CERTIFICATES ARE REQUIRED**

## **FOR ALL NEW STUDENTS**

DID YOUR CHILD ATTEND RELIGION CLASS HERE LAST YEAR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF NOT, WHERE DID THEY ATTEND? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Please provide a record of attendance (except for 1st graders) from the parish your child attended last year.**

**IS YOUR FAMILY A REGISTERED MEMBER OF SAINT ANNE’S CHURCH? YES\_\_\_\_\_ NO\_\_\_\_\_**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(By Parent/Guardian)

**REGISTRATION FORMS AND PAYMENT ARE DUE ON OR BEFORE AUGUST 30, 2025**

**1 Child $170.00**

**2 Children $300.00**

**3 Children or more $375.00**

**\*Sacramental Fee $100.00\***

**Sacramental Fee is for Communion, & Confirmation Classes**

**Any registration received after September 15th there will be a late fee of $25.00**

**Please make checks out to the Church of Saint Anne**

If you have any questions or any financial concerns, please contact Evelyn Archibald 908-494-0774

or e-mail her at [Stanneyouthformation@gmail.com](mailto:Stanneyouthformation@gmail.com)