

# 2017-2018 Saint Anne Parish Faith Formation Registration Form

Please read and initial the information in the column to the right.

## Parent/Guardian Information

Family Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Town & State Zip

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

### Emergency Contact

Person other than Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

## FIRST CHILD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade for 2017-2018: \_\_\_\_\_ [ ] Male [ ] Female

### GRADES 1 through 4

- ( ) Home Program (Grades 1—4)  
( ) Cluster Grade (Grades 1—4)  
[ ] Tuesday, 3:30pm [ ] Thursday 4:00pm [ ] Sunday 10:30am

### Grades 5 through 8

- ( ) Fall Program ( ) Spring Program  
[ ] Thursday 5:00p-6:30p [ ] Thursday 6:30p-8:00p  
[ ] Sunday, 9:00-10:30 [ ] 10:30a-12:00p [ ] Sunday 4:30p-6:00p [ ] Sunday 6:00-7:30

### Sacraments already received:

[ ] Baptism (Church: \_\_\_\_\_) [ ] 1st Reconciliation [ ] 1st Eucharist

## SECOND CHILD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade for 2017-2018: \_\_\_\_\_ [ ] Male [ ] Female

### GRADES 1 through 4

- ( ) Home Program (Grades 1—4)  
( ) Cluster Grade (Grades 1—4)  
[ ] Tuesday, 3:30pm [ ] Thursday 4:00pm [ ] Sunday 10:30am

### Grades 5 through 8

- ( ) Fall Program ( ) Spring Program  
[ ] Thursday 5:00p-6:30p [ ] Thursday 6:30p-8:00p  
[ ] Sunday, 9:00-10:30 [ ] 10:30a-12:00p [ ] Sunday 4:30p-6:00p [ ] Sunday 6:00-7:30

### Sacraments already received:

[ ] Baptism (Church: \_\_\_\_\_) [ ] 1st Reconciliation [ ] 1st Eucharist

### I understand that:

Registration forms may be returned by mail only when accompanied by full payment.

Registration forms with partial or in need of other arrangements, including scholarships, must be completed in the office with a faith formation staff member.

Registration forms received without payment will not be able to be processed.

Any outstanding fee from the previous year should be satisfied at the time of any new registration.

## 2017-2018 Fee Schedule:

### Program Fee:

Per Child \$75.00  
Family Cap: \$200.00

### Non-Parishioner\*

#### Program Fee:

Per Child \$125.00

- *Non Parishioner fee applies to those who wish to participate in the St Anne Faith Formation Program but are not a registered family at Saint Anne Parish.*
- *Registering in the Parish for the sake of the Faith Formation Program does not qualify you for the regular program fee until you have been registered parishioners for 1 year.*
- *Families newly relocated, by way of a new physical address, would be considered regular parishioners and the regular program fee would apply.*

**THIRD CHILD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade for 2017-2018: \_\_\_\_\_ [ ] Male [ ] Female

**GRADES 1 through 4**

- ( ) Home Program (Grades 1—4)
- ( ) Cluster Grade (Grades 1—4)
- [ ] Tuesday, 3:30pm [ ] Thursday 4:00pm [ ] Sunday 10:30am

**Grades 5 through 8**

- ( ) Fall Program ( ) Spring Program
- [ ] Thursday 5:00p-6:30p [ ] Thursday 6:30p-8:00p
- [ ] Sunday, 9:00-10:30 [ ] 10:30a-12:00p [ ] Sunday 4:30p-6:00p [ ] Sunday 6:00-7:30

**Sacraments already received:**

- [ ] Baptism (Church: \_\_\_\_\_) [ ] 1st Reconciliation [ ] 1st Eucharist

**FOURTH CHILD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade for 2017-2018: \_\_\_\_\_ [ ] Male [ ] Female

**GRADES 1 through 4**

- ( ) Home Program (Grades 1—4)
- ( ) Cluster Grade (Grades 1—4)
- [ ] Tuesday, 3:30pm [ ] Thursday 4:00pm [ ] Sunday 10:30am

**Grades 5 through 8**

- ( ) Fall Program ( ) Spring Program
- [ ] Thursday 5:00p-6:30p [ ] Thursday 6:30p-8:00p
- [ ] Sunday, 9:00-10:30 [ ] 10:30a-12:00p [ ] Sunday 4:30p-6:00p [ ] Sunday 6:00-7:30

**Sacraments already received:**

- [ ] Baptism (Church: \_\_\_\_\_) [ ] 1st Reconciliation [ ] 1st Eucharist

**For Office Use:**

Date Recv'd: \_\_\_\_\_

- [ ] By Mail
- [ ] In Office

Total Due: \_\_\_\_\_

Payment Recv'd: \_\_\_\_\_

- [ ] Check # \_\_\_\_\_
- [ ] Cash

Balance Due: \_\_\_\_\_

Registration taken by: \_\_\_\_\_  
*(Initialed)*

**VOLUNTEER SUPPORT**

Your support assists in providing a quality experience of faith formation for your child. Please indicate grade levels and areas that you would be willing to assist.

I am willing to help with Grade level: \_\_\_\_\_

I am willing to serve, where appropriate as:

- [ ] Catechist/Teacher [ ] Aid/Assistant [ ] Hall Monitor [ ] Retreat Help

For Grades 1 through 4 specifically:

- [ ] Walker (from School to the Classes on Tuesday or Thursday)
- [ ] Babysitter (to assist others who can serve for such things as Catechist/Teacher, etc.)

My signature indicates that to the best of my knowledge the information I have provided on this registration form is accurate and true.

\_\_\_\_\_

**SCHOLARSHIPS**

Scholarship assistance is available on a limited basis and is considered on a case by case basis. Please talk with Pam Walsh for specifics and how to apply.

Return completed registration form along with payment to :

**Saint Anne Parish  
Faith Formation  
26 Emerson Avenue**