

Saint Ann's Religious Education Registration

Please submit one form per child by July 1st

Family/Student Information

Student's Name: _____ Grade (in September): _____ Gender: M / F

Phone: _____ Email: _____

Address: _____ City, State: _____ Zip: _____

Father's Full Name: _____

Mother's First & Maiden Name: _____

Are you interested in becoming a Catechist? (Please circle one) Yes No

Day Request (Please circle one): Monday Wednesday Sunday

Sacramental Information

Baptism

Church: _____ City: _____ Date: ___ / ___ / _____

First Holy Communion

Church: _____ City: _____ Date: ___ / ___ / _____

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

Student's Allergies: _____

Payment Information

1 child: \$135

2 children: \$250

3 children: \$355

Payment method (Please circle one): Cash Check

Total Paid: _____

Please make all checks payable to St. Ann's Church. Mail all forms and checks to:

St. Ann's Church
781 Smith Road
Parsippany, NJ 07054