

St. Ann Catholic Church Faith Formation Registration for 2016-2017

Office Use Only:

Name and Mailing Address of parent or guardian: _____ If additional mailing is required, please write name and address: _____

Family ID # _____ Envelope # _____ Relationship to child: _____

EMERGENCY INFORMATION

Mother/Guardian: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Father/Guardian: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Person to contact in an emergency on Sunday during class if we are unable to reach you:

Name: _____ Phone: _____ Relationship: _____

2016-2017 REGISTRATION FEE

	<u>Before September 1st:</u>	<u>After September 1st:</u>
For One (1) Child:	\$ 60.00	\$ 75.00
For Two (2) Children:	\$120.00	\$135.00
For Three (3) or more Children:	\$130.00	\$145.00

TOTAL TUITION DUE: \$ _____ Cash OR Check # _____ Date: _____

**All families enrolled in Faith Formation/Religious Education, are to be registered parishioners of
St. Ann Catholic Church**

**Registration may be mailed in or returned to the Parish Office:
Attention: Barbara Migliori or Niki C. Hughes
St Ann Catholic Church, 704 Jefferson Street, Hoboken, NJ 07030
201-659-1114**

Signature of Parent/Guardian is REQUIRED

Signed: _____ Date: _____ (OVER)

FOR ALL CHILDREN ENTERING THE PROGRAM

*A Baptismal certificate is required of new students
who were not baptized at Saint Ann Church*

1st Child Male or Female List ALL Allergies: _____

Full Name: _____ Date of Birth: _____

Previous Religious Instruction Completed Grade(s): _____

SACRAMENTAL RECORD Month/Day/Year Church Town

Baptism _____ _____ _____

First Reconciliation _____ _____ _____

First Eucharistic (Communion) _____ _____ _____

Confirmation _____ _____ _____

Name of Present School Town Grade Attending

2nd Child Male or Female List ALL Allergies: _____

Full Name: _____ Date of Birth: _____

Previous Religious Instruction Completed Grade(s): _____

SACRAMENTAL RECORD Month/Day/Year Church Town

Baptism _____ _____ _____

First Reconciliation _____ _____ _____

First Eucharistic (Communion) _____ _____ _____

Confirmation _____ _____ _____

Name of Present School Town Grade Attending

3rd Child Male or Female List ALL Allergies: _____

Full Name: _____ Date of Birth: _____

Previous Religious Instruction Completed Grade(s): _____

SACRAMENTAL RECORD Month/Day/Year Church Town

Baptism _____ _____ _____

First Reconciliation _____ _____ _____

First Eucharistic (Communion) _____ _____ _____

Confirmation _____ _____ _____

Name of Present School Town Grade Attending
