

St. Ann Catholic Church Faith Formation Registration for 2018-2019

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: _____

2018-2019 REGISTRATION FEE

	<u>If paid by July 1st:</u>	<u>After July 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 Baptism Certificate is required of ALL new students who were not baptized at Saint Ann Catholic Church

1st Child Male or Female List ALL Allergies: _____

Full Name: _____ Date of Birth: _____

Previous RELIGIOUS INSTRUCTION COMPLETED GRADE(s):	_____	Age	_____
SACRAMENTAL RECORD	<u>Month/Day/Year</u>	<u>Church</u>	<u>Town</u>
Baptism <input type="checkbox"/>	_____	_____	_____
First Reconciliation <input type="checkbox"/>	_____	_____	_____
First Eucharistic (Communion) <input type="checkbox"/>	_____	_____	_____
Confirmation <input type="checkbox"/>	_____	_____	_____
<u>Name of Public School (PRESENTLY ATTENDING)</u>		<u>Town</u>	<u>Grade Attending</u>
_____		_____	_____

.....
2nd Child Male or Female List ALL Allergies: _____

Full Name: _____ Date of Birth: _____

Previous RELIGIOUS INSTRUCTION COMPLETED GRADE(s):	_____	Age	_____
SACRAMENTAL RECORD	<u>Month/Day/Year</u>	<u>Church</u>	<u>Town</u>
Baptism <input type="checkbox"/>	_____	_____	_____
First Reconciliation <input type="checkbox"/>	_____	_____	_____
First Eucharistic (Communion) <input type="checkbox"/>	_____	_____	_____
Confirmation <input type="checkbox"/>	_____	_____	_____
<u>Name of Public School (PRESENTLY ATTENDING)</u>		<u>Town</u>	<u>Grade Attending</u>
_____		_____	_____

.....
3rd Child Male or Female List ALL Allergies: _____

Full Name: _____ Date of Birth: _____

Previous RELIGIOUS INSTRUCTION COMPLETED GRADE(s):	_____	Age	_____
SACRAMENTAL RECORD	<u>Month/Day/Year</u>	<u>Church</u>	<u>Town</u>
Baptism <input type="checkbox"/>	_____	_____	_____
First Reconciliation <input type="checkbox"/>	_____	_____	_____
First Eucharistic (Communion) <input type="checkbox"/>	_____	_____	_____
Confirmation <input type="checkbox"/>	_____	_____	_____
<u>Name of Public School (PRESENTLY ATTENDING)</u>		<u>Town</u>	<u>Grade Attending</u>
_____		_____	_____

All Information must be filled in, even if your child's Sacraments were made at Saint Ann Catholic Church.