

**ST. ANN/ST. MARY PARISH SCHOOL OF RELIGION  
REGISTRATION FORM**

FAMILY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
OR GUARDIAN'S NAME First Last

MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
OR GUARDIAN'S NAME First Last

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

REGISTRATION FEE: 20.00 PER STUDENT 40.00 PER Family  
CHECKS SHOULD BE MADE PAYABLE TO: St. Ann/ St. Mary Parish

DO NOT HESITATE TO REGISTER YOUR CHILDREN IF YOU ARE UNABLE TO PAY THE FEE. IF YOU ARE UNABLE TO PAY AT THIS TIME YOU MAY SEND THE MONEY LATER.

\_\_\_\_ I am willing to help provide snacks

\_\_\_\_ I am willing to serve as a Teacher

\_\_\_\_ I am willing to serve as a Substitute Teacher

\_\_\_\_ I have attended a "Protecting God's Children" session

\_\_\_\_ I have been fingerprinted \_\_\_\_ BCI \_\_\_\_ FBI

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

PLEASE LIST ANY ALLERGIES OR SPECIFIC MEDICAL OR PHYSICAL LIMITATIONS HERE: \_\_\_\_\_

**SACRAMENTAL INFORMATION**

BAPTISM \_\_\_\_\_ PENANCE \_\_\_\_\_ EUCHARIST \_\_\_\_\_  
DATE - CHURCH DATE - CHURCH DATE - CHURCH

CONFIRMATION \_\_\_\_\_  
DATE - CHURCH

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

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