

St Ann Catholic Church

Religious Education Registration

704 Jefferson St, Hoboken, NJ 07030

Term: 2020-2021

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____
Father's Name: _____ Father's Cell / Work: _____
Mother's Name: _____ Mother's Cell / Work: _____
Mother's Maiden: _____ Email Address: _____
Home Phone: _____ **Emergency Contact:** _____
Home Address: _____ Emergency Phone: _____
City, State, Zip: _____ Both Parents Catholic? Yes No

STUDENT #1 INFORMATION

Child Name: _____ **Catholic?** Yes No
Gender: Male Female **Sacrament Details** Check & Date All Below
Birth Date: _____ Baptism: _____
Grade: _____ Eucharist: _____
Session: _____ Reconciliation Prep: _____
Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name: _____ **Catholic?** Yes No
Gender: Male Female **Sacrament Details** Check & Date All Below
Birth Date: _____ Baptism: _____
Grade: _____ Eucharist: _____
Session: _____ Reconciliation Prep: _____
Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____

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Additional Students

STUDENT #3 INFORMATION

Child Name: _____ **Catholic?** Yes No

Gender: Male Female **Sacrament Details** Check & Date All Below

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Reconciliation Prep: _____

Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 INFORMATION

Child Name: _____ **Catholic?** Yes No

Gender: Male Female **Sacrament Details** Check & Date All Below

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Reconciliation Prep: _____

Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #5 INFORMATION

Child Name: _____ **Catholic?** Yes No

Gender: Male Female **Sacrament Details** Check & Date All Below

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Reconciliation Prep: _____

Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____