



ST. ANNE CATHOLIC COMMUNITY
DEDICATED TO THE WORSHIP OF GOD

St. Anne Religious Formation

32000 Mound Road, Warren MI 48092
(586) 264-0713 (office) (586) 264-0718 (fax)
dhathaway@st-anne.net

Dear Parents,

Welcome to the **2019-2020** St. Anne Religious Formation Program. Enclosed you will find information on our program. All **current** and **new** families are required to fill out the **2019-2020** registration form and submit to the Religious Formation/Parish office with payment by **September 16th 2019**. Registration forms are available in the parish office and on the website. Classes will begin on Monday, **September 16th**. They are held in The Junior High building at St. Anne Catholic School. Please make checks payable to **St. Anne Catholic Community**. **Please bring a copy of your child's baptismal** certificate and attach to the registration form. You may turn in your information during office hours, 8:30 – 4:30 Monday – Friday to the parish office.

Debbie Hathaway
St. Anne Religious Formation
32000 Mound Road
Warren MI, 48092

***Please meet in the Religious Formation classroom in the Junior High building on the first floor with your child before class on Monday, September 16^h at 6:15.**

Grade	Start Date	Meeting Day	Time
Grade 1 thru 8	September 16, 2019	Monday	6:30 p.m. – 7:30 p.m.

Tuition for 2019-2020

Parish rate: \$175

***Additional fees for Confirmation retreat and robe fees will be announced later in the school year.**

***Additional fees for Communion pictures, Share-a-Meal and Banner/Picture fees will be announced later in the school year.**

***ALL STUDENTS CELEBRATING THE SACRAMENT OF FIRST COMMUNION AND CONFIRMATION PLEASE ATTACH A COPY OF A BAPTISMAL CERTIFICATE WITH REGISTRATION.**

Family Last Name: _____ Telephone Number: (_____) _____ - _____

Address: _____ **City:** _____ **Zip:** _____

Email: _____

Parish: _____

1) Childs First & Last Name: _____ **Male/Female:** _____ **D.O.B.:** _____

School Name: _____ **Grade in fall:** _____

Baptism / Parish of Sacrament: _____ **Reconciliation:** _____ **Eucharist:** _____
(mm/yr) (mm/yr) (mm/yr)

2) Childs First & Last Name: _____ **Male/Female:** _____ **D.O.B.:** _____

School Name: _____ **Grade in fall:** _____

Baptism / Parish of Sacrament: _____ **Reconciliation:** _____ **Eucharist:** _____
(mm/yr) (mm/yr) (mm/yr)

Father's Name: _____ **Work Phone:** _____

Religion: _____ **Marital Status:** _____ **Cell Phone:** _____

Mother's Name: _____ **Work Phone:** _____

Religion: _____ **Marital Status:** _____ **Cell Phone:** _____

Maiden Name: _____

*Please indicate below any health problems you believe St. Anne personnel should be aware of: _____

In case of emergency please list the name, address and telephone number of a relative or neighbor who would be willing to pick up your student(s).

Name: _____ **Address:** _____ **Telephone:** _____