

Saint Ann's Religious Education Registration
Please submit one form per child by **July 1st**

Family/Student Information

Student's Name: _____ Grade (in September): ____ Gender: M / F

Phone: _____ Email: _____

Address: _____ City, State: _____ Zip: _____

Mother & Father's Name: _____

Are you interested in becoming a Catechist? (Please circle one) Yes No

Day Request (Please circle one): Monday Wednesday Sunday

Sacramental Information

Baptism

Church: _____ City: _____ Date: ___/___/___

First Holy Communion

Church: _____ City: _____ Year: _____

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

Student's Allergies: _____

Payment Information

1 child: \$125 2 children: \$225 3 children: \$300

Payment method (Please circle one): Cash Check Online by credit card

Total Paid: _____

Please make all checks payable to St. Ann's Church. Mail all forms and checks to:
St. Ann's Church
781 Smith Road
Parsippany, NJ 07054