

**ST. ANN'S PARISH SCHOOL OF RELIGION
REGISTRATION FORM
2010-2011**

TODAY'S DATE _____

When sending mail, address to (choose one) MR./MRS. MR. MRS. DR./MRS. OTHER _____

FAMILY NAME: _____

STREET ADDRESS: _____

P. O. BOX: _____

CITY: _____ ZIP CODE + 4 _____

HOME PHONE: _____ UNLISTED? YES NO

E-MAIL ADDRESS: _____

PARENTS AND GUARDIANS INFORMATION

RELATIONSHIP TO CHILD: _____

RELATIONSHIP TO CHILD: _____

NAME: _____

NAME: _____

BUSINESS: _____

BUSINESS: _____

BUS PHONE () _____

BUS PHONE() _____

CELL PHONE: _____

CELL PHONE: _____

RELIGION: _____

RELIGION: _____

MARITAL STATUS: _____

MARITAL STATUS: _____

EMERGENCY INFORMATION

In the event of an emergency, if you are unable to reach me, please contact the following:

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ PHONE _____

MEDICAL INFORMATION (if we need to know) _____

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Family registered here at St. Ann's... Yes No
Parish census form on file in church office ...Yes No
If no would you like one mailed to you.....Yes No
Baptism certificates on file for each child.....Yes No

\$20 fee per student
\$5 extra for students in RCIC or First Communion program
\$65 family maximum
fee paid..... Yes No

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Business Manager Approval: _____

Calendar Input: _____

St. Ann's Reservation Sheet

Please complete and turn in this form to the church office one week prior to event.

Name: _____

Phone: (Home) _____ (Work) _____

Organization: _____

Date Requested: _____ Time Start: _____ Time End: _____

Reason: _____

SELECT PLACE DESIRED:

(1ST Choice) _____ (2nd Choice) _____ (3rd Choice) _____

- A. ANNEX
- B. CAFETERIA
- C. CHURCH BUILDING
- D. CHURCH COURTYARD
- E. GYM
- F. JUNIOR HIGH ROOMS
 - a. 7TH GRADE
 - b. 8TH GRADE

- G. NURSERY
- H. COUNCIL ROOM
- I. PARLOR
- J. SCHOOL AV ROOM
- K. SCHOOL LIBRARY
- L. YOUTH ROOM
- M. OTHER _____

- N. MARY CENTER
 - a. MEETING ROOM 1
 - b. MEETING ROOM 2
 - c. MUSIC ROOM
 - d. LIVING ROOM
 - e. PRAYER GARDEN

PLEASE NOTE: *You will be asked to move or cancel your meeting or activity in any of these facilities for funerals, Diocesan meetings, or other last minute unforeseen events, which would require the space. Please allow as much flexibility in your scheduling as possible to accommodate this.*

Nursery needed (Church/School Functions only): YES _____ NO _____

TV/VCR: YES _____ NO _____

SPECIAL REQUESTS: _____

COPIES: _____ Msgr. Droll _____ Carol Ann _____ Steve _____ Andy _____ Other
 _____ Leonor _____ Alison _____ Rita _____ Donna Reker
 _____ Rosemary _____ School _____ Joan _____ Anna
 _____ Fr. Paul _____ Msgr. Plagens _____ Group _____ Sammy

THREE YEAR OLD PRE-SCHOOL THROUGH TWELTH GRADE CLASS TIME:

Pk (3 & 4 Yrs.) - SUN. 10:45 A.M. to 11:45 A.M.

Kindergarten - 6th SUN. 9:30 to 10:30 A.M. OR WED. Mass 5:30, Class 6:15 to 7:30 P.M.

Junior High: 7th - 8th WED. Mass 5:30, Class 6:15 to 8:00 P.M.

High School: 9th - 12th SUN. 6:15 to 7:30 P.M.

1.

Student's Last Name, First Middle Age as of
9/1/2010

Date of Birth _____ School _____ Grade _____

Class Day (grades K-6) (please circle) Sunday 9:40 to 10:40am or Wednesday 6:15 to 7:30pm
Is this the students first year of PSR (CCD)? Yes or No If this is not the frrst year. When did they
last attend? Grade __ Age __ Year __ Where? _____

This child has been: Baptized Yes or No If yes where? _____
Name of Church, City, State

Celebrated First Communion Yes or No If yes where? _____

Celebrated First Reconciliation (Confession) Yes or No If yes where? _____

Celebrated Confirmation Yes or No If yes where? _____

2.

Student's Last Name, First Middle Age as of
9/1/2010

Date of Birth _____ School _____ Grade _____

Class Day (grades K-6) (please circle) Sunday 9:40 to 10:40am or Wednesday 6:15 to 7:30pm
Is this the students frrst year of PSR (CCD)? Yes or No If this is not the frrst year. When did they
last attend? Grade __ Age __ Year __ Where? _____

This child has been: Baptized Yes or No If yes where? _____
Name of Church, City, State

Celebrated First Communion Yes or No If yes where? _____

Celebrated First Reconciliation (Confession) Yes or No If yes where? _____

Celebrated Confirmation Yes or No If yes where? _____

3.

Student's Last Name, First Middle Age as of
9/1/2010

Date of Birth _____ School _____ Grade _____

Class Day (grades K-6) (please circle) Sunday 9:40 to 10:40am or Wednesday 6:15 to 7:30pm
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last attend? Grade __ Age __ Year _____ Where? _____

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Celebrated First Communion Yes or No If yes where? _____

Celebrated First Reconciliation (Confession) Yes or No If yes where? __ ~ ~ _____

Celebrated Confirmation Yes or No If yes where? _____

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