

# SAINT ANNE CATHOLIC CHURCH

Faith Formation/Parish Center ~ 1131 NE 10<sup>th</sup> Street ~ Grants Pass, OR 97526 ~ Phone 479-4866

## Faith Formation Registration

School Year 2009/10

**Kindergarten – 5<sup>th</sup> Grade**

### Family Information . . . . . Print clearly and complete all requests

Family Last Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Catholic?: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Catholic?: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Child(ren) live with: Both Parents: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Relative: \_\_\_\_\_

Child(ren) regularly attend mass at: \_\_\_\_\_

Do the following children attend St. Anne Catholic School? \_\_\_\_\_

### Student Information (Please Date the Sacraments that have been received)

Child Name	Birth Date	Grade	Baptism Date	Place of Baptism	First Communion Date
1.					
2.					
3.					
4.					

*Please list any information that will help us in working with your child. (i.e.: Special needs, disabilities, medical needs, food allergies etc. that we should be aware of.)*

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**Book Fee: \$25 each child up to 3 children ~ \$100 per immediate family of four or more ~ Make checks out to "St. Anne Church" (Note: "Religious Education")**

**\*\*\*Additional \$40 for Sacramental Prep students (First Reconciliation & First Eucharist)\*\*\***  
*Payments may be monthly if needed or contact the Religious Education Office if financial assistance is needed.*

<i>(Office Use Only)</i>			
Tuition Received by: _____	Date: _____	Check or Cash: \$ _____	Check # _____
<input type="checkbox"/> – Sacramental Prep Classes	<input type="checkbox"/> - RCIA for Children		

Updated February 3, 2010 – jts

**(TURN OVER to fill out Emergency Information)**