

# SAINT ANNE CATHOLIC CHURCH

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

## Sacramental Prep Registration

2009 – 2010 School Year

**SAINT ANNE SCHOOL Students Only**

### 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: \_\_\_\_\_

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

Child Name	Birth Date	Grade	Baptism Date	** Place of Baptism **
1.				
2.				

**\*\* We need a copy of your child's Baptismal certificate at time of registration.**

*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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**\*\*\* \$40.00 for Sacramental Prep Book Fee (First Reconciliation & First Eucharist)**

**(Make Checks to "St. Anne Church" ~ Note: "Sacramental Prep")**

*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 # _____

Updated February 3, 2010 – jts

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