

**REGISTRATION FORM 2011-2012
ST. ANN'S SCHOOL OF RELIGION**

Please read each item carefully before completing this form. Information pertains to the student being registered.

1. NAME _____ DATE OF BIRTH _____
(Last) (First) Mo. Day Yr.
2. ADDRESS _____ CITY OF BIRTH _____

PHONE # _____
P.O. BOX _____
3. FATHER'S NAME _____ Religion _____
4. MOTHER'S FULL MAIDEN NAME _____ Religion _____
5. CHURCH OF BAPTISM _____ DATE _____
Address of Church of Baptism _____
6. HAS CHILD CELEBRATED:
FIRST PENANCE _____ FIRST COMMUNION _____ (Yes or No)
CONFIRMATION _____
7. GRADE IN SCHOOL FOR YEAR (10-11) _____
8. WHAT SCHOOL DID YOU ATTEND LAST YEAR FOR RELIGIOUS INSTRUCTION?

10. HAS CHILD EVER ATTENDED THIS PROGRAM BEFORE? _____ WHEN? _____
11. IS THERE ANY PHYSICAL HANDICAP OR LEARNING DISABILITY WE SHOULD KNOW ABOUT?
IF SO, PLEASE IDENTIFY.

12. ARE OTHER BROTHERS AND SISTERS ALREADY REGISTERED? _____
13. IS FAMILY REGISTERED IN THIS PARISH? _____

*** If Baptism was administered in another Parish, A Baptismal Certificate must be presented at registration.
If Baptism was at St. Ann's, just indicate the month and year.

EMAIL ADDRESS: _____

SIGNATURE OF PERSON COMPLETING THIS FORM _____