

ST. ANN'S FAITH FORMATION REGISTRATION FORM 2019-2020

Family Last Name: _____ Date of Registration: _____

Street Address: _____

City/Town: _____ Zip: _____

Mailing Address (if different) _____

Father/Guardian

Last Name: _____ First: _____

Cell Phone Number: _____ Email: _____

Mother/Guardian

Last Name: _____ First: _____ Maiden Name: _____

Cell Phone Number: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Emergency Phone Number: _____ Email: _____

STUDENT INFORMATION

Student Name _____

BIRTHDATE ____/____/____ Faith Formation GRADE (in Sept.) _____ Male/Female _____

Student Name _____

BIRTHDATE ____/____/____ Faith Formation GRADE (in Sept.) _____ Male/Female _____

Student Name _____

BIRTHDATE ____/____/____ Faith Formation GRADE (in Sept.) _____ Male/Female _____

Student Name _____

BIRTHDATE ____/____/____ Faith Formation GRADE (in Sept.) _____ Male/Female _____

Student Name _____

BIRTHDATE ____/____/____ Faith Formation GRADE (in Sept.) _____ Male/Female _____

PLEASE USE THE NEW STUDENT FORM FOR ALL NEW STUDENTS INCLUDING THOSE SIBLINGS ENTERING 1ST GRADE.

FAITH FORMATION FEES 2019 - 2020

Fees are assessed to help defray the cost of materials and expenses of the Program.

Fees are waived for students of teachers and table leaders.

Before June 15th

Kindergarten (optional year) = \$40

1 Student = \$50 + Sacramental Fees (if Applicable)

Family Cap = \$140 + Sacramental Fees (if Applicable)

Homeschool (Grades 3-8) = \$40

After June 15th

Kindergarten (optional year) = \$50

1 Student = \$60 + Sacramental Fees (if Applicable)

Family Cap = \$150 + Sacramental Fees (if Applicable)

Homeschool (grades 3-8) = \$50

Student Fee x number of children _____

Homeschool x number of children _____

Family Cap _____

Sacramental Fees (if applicable)

Grade 2 Communion \$20/child _____

Grade 9 Retreat \$40/child _____

Grade 10 Confirmation \$20/child _____

Total: _____

We at St. Ann’s believe that each child is a gift from God and deserves to be taught about His loving plan. If your child has any special needs, please let us know so that we may be able to place him/her in a class where he/she will be able to learn in an atmosphere which best suits his/her needs. Please list any information that we should have listed on file: Learning Disabilities, Handicaps, Allergies, Etc. (This information is confidential)

PARENT/GUARDIAN’S SIGNATURE: _____

OFFICE USE ONLY:

DATE RECEIVED _____ TIME RECEIVED _____ RECEIVED BY _____

PAYMENT TOTAL _____ CASH RECEIVED _____ CHECK NUMBER _____