

# St. Ann Faith Formation Registration Form 2025-2026

## For Grades 1, 3, 4, 5, 6

Please complete the following information and return it by August 10, 2025

Parent(s) or Guardian(s) Name \_\_\_\_\_  
(for mailing purposes) Address \_\_\_\_\_  
City/State \_\_\_\_\_ / \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone – mother \_\_\_\_\_  
Cell Phone – father \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
(used for program communications)

Mother's Employer: \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone: (    ) \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone: (    ) \_\_\_\_\_

Please list a person who may be contacted **in case of an emergency**, if you are unavailable.

Name \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Your session will be Monday night**

**Please circle your Parish – St. Ann / St. Joseph / Holy Trinity**

Names of children attending (If last name different, please indicate)	Sex	Age	Grade in Sept. 2025 / Public School Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*A baptismal certificate is required for all new children registering.*

Please list any health or learning conditions that we should be aware of regarding your child. This information will remain confidential.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enrollment Fee: \$100 per student tuition**

Parent's Signature: \_\_\_\_\_ Signed Date: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_