



St. Ann's Faith Formation Registration

Parent/Guardian's Name(s)

Email

Address

Street

City

Zip

Phone (Please indicate primary contact and owner of cell number in case of an emergency)

Home # _____

Parent 1 Cell # _____

Parent 2 Cell # _____

Child's Name	Date of Birth	Grade & School	Allergies/Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you wish your child(ren) to participate in one of our sacramental programs please check the corresponding box and fill out the supplementary information ON THE BACK of the form.

1st Communion/Reconciliation (2nd Grade)

Confirmation Program (9th-10th Grade)

Please register no later than Sept. 1st or as soon as possible so we may plan for materials. Registration Fee: Grades K - 10 \$50.00 per child (\$150 family max).

St. Ann's Faith Formation Policy: All grades of faith formation are open to members of our Parish Family, if the registration fee is a financial challenge, please contact the Pastor or Program Director to discuss assistance.

If you are not registered at St. Ann's, please tell us your home parish: _____

If you have any questions that are program specific please contact:

Deacon Bob, Faith Formation 7-10; Confirmation Director

Steve and Erin Nowicki, Grades K-6; 1st Communion/Reconciliation Directors

faithformation710@saintannschurch.com

FFK6@saintannschurch.com

1st Communion/Reconciliation & Confirmation Programs

Date of Birth _____ City of Birth _____

Date of Baptism _____

Was your child Baptized at St. Ann's? Yes No

If not, please fill in the following information and include a copy of your child's baptismal certificate:

Church of Baptism _____

Address

Street

City

State

Zip

Photo Release ~ Faith Formation Office Photo Authorization: Photographs and/or videos of minors are taken periodically for use in parish publications and to celebrate your child's and his or her fellow students' participation and accomplishments. In registering, you are acknowledging this and granting permission to St. Ann's Church to use photos and videos of your child, and their names, in our publications, displays or promotions.

You may limit or disallow this by checking here:

Photo Release: Please check this box if you would **NOT** like photos of your child shared: _____ No Photo

Please note that the diocese, its parishes, schools and ministries have limited control over the use of photographs or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s).

Office Use Only

Date Paid _____ Check # _____ Cash \$ _____ Credit Card# _____
Expiration _____