

# Ste Anne Parish

## Faith Formation Registration

290 Jefferson Ave., Salem, MA 01970

Term: 2018-2019

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

City, ST Postal: \_\_\_\_\_ Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No \_\_\_\_\_

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

### STUDENT #2 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No \_\_\_\_\_

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_