

**2023-2024**

**SACRAMENTAL PREPARTION REGISTRATION**

1<sup>ST</sup> Reconciliation—1<sup>st</sup> Communion--Confirmation

***This form must be completed on BOTH sides.***

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Select Desired Sacrament: \_\_\_\_\_ None this year.  
\_\_\_\_\_ 1<sup>st</sup> Communion  
\_\_\_\_\_ Confirmation (Must be at least a freshman in high school.)

Is your family registered at St. Ann \_\_\_\_\_ YES \_\_\_\_\_ NO. Child must be registered member of this Parish the Sacrament. If **NOT** a Parishioner, please make an appointment with Father.

Student's Baptism Date: \_\_\_\_\_ Parish where baptized: \_\_\_\_\_

City/State: \_\_\_\_\_

***If preparing for Confirmation, please continue:***

Date of 1<sup>st</sup> Reconciliation: \_\_\_\_\_ Parish: \_\_\_\_\_

City/State: \_\_\_\_\_

Date of 1<sup>st</sup> Communion: \_\_\_\_\_ Parish: \_\_\_\_\_

City/State: \_\_\_\_\_

Please make sure all blanks are filled out.

# St. Ann Faith Formation

## 2023-2024 Registration Form

### Grades K-12

#### Father's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Mother's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Sate/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT IS CASE PARENT CANNOT BE REACHED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Student's Information

First/Last name	DOB	Grade	Allergies/Medical conditions

Fees: \$50 one child \$75 per family

Please return this form and money by either:

Placing it in the collection basket in an envelope marked Faith Formation.

Dropping it off at the parish office in an envelope marked Faith Formation.

My child(ren) have permission to be photographed for The Criterion, parish website/bulletin).

\_\_\_\_\_ YES \_\_\_\_\_ NO

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_