St. Anne Catholic Parish

32223 Cabello Street, Union City, CA 94587 - Phone: (510) 471-7766 ext 20-21 - Email: stafaithformation@sbcglobal.net

SCHOOL OF FAITH FORMATION(CCD) 2011-2012 REGISTRATION

FAMILY Last Name:	(Please I	Print)				Reg	gistration Da	te:		 	
Father:	Religion:					Work Phone:					
						Cell Phone:					
						Work Phone:					
	ity: Religion:					Cell Phone:					
Address:											
Home Phone:			Emai	Address: _							
Emergency Contact Person/Relationship:						Phone:					
Family MASS Attendance: (Circle one) Saturday 5pm Su					80	m	10am	12 noon		6pm	
Please List Children in Fait	h Forma	tion (CC							I	1	
First / Last Name	M / F Date of Birth		School	Grade Sept 2011	Baptized *		First Reconciliation	First Eucharist	Class Session	Day / Time	
					Υ	N	ΥN	ΥN			
					Υ	N	ΥN	ΥN			
						N	YN	ΥN			
					Υ	N	YN	Y N			
					Υ	N	YN	ΥN			
* If Yes, please bring											
Returning Student	New S	tudent An	y previous relig	ious instructior	n? Ye	s/No	o Where? _	Do	riah Nama		
Returning Student New Student Any previous religious instruction Child's Medical Problem: Any Learning D											
COMMUNION PRE Grades 1-8 Monday 5:00p CONTINU	PARA m M	TION onday 6	(CP) :30pm AITH	FIF Grade FO	R S s 2-	T 8 M A	TION	M U N 15pm T	uesday		
Grade	es 3 - 4 -	5 W	ednesday	5:00pm	We	edne	sday 6:30pr	n			
Grade 6 - Thursday 6:00p-	7:30p -	Grad	de 7 - Thurs	day 6:00p-	7:30)	Grade 8	- Thursda	ay 6:00p	-7:30p	
NEW TUITION FEES:	For office use only			Check	Cash						
\$100. one child	Tuition Due:						<u>Volun</u>	Volunteers Needed:			
\$120. two children							Cat	CatechistCatechist Aide			
\$140. three children	Catechist Waiver						Su	Sub-Catechist Grade Level			
\$180. four children					Day / T	ime:					
\$200. five children	Total Pa										

Balance Due: