

St. Anne Catholic Parish

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

SCHOOL OF FAITH FORMATION(CCD) 2015-2016 REGISTRATION

FAMILY Last Name: _____
(Please Print)

Registration Date: _____

Father: _____ Ethnicity: _____ Sacrament Received: BAPTISM yes no	Religion: _____ Marital Status: _____ Sacrament Received: FIRST COMMUNION yes no	Work Phone: _____ Cell Phone: _____ Sacrament Received: CONFIRMATION yes no
Mother: _____ Ethnicity: _____ Sacrament Received: BAPTISM yes no	Maiden Name: _____ Marital Status: _____ Sacrament Received: FIRST COMMUNION yes no	Work Phone: _____ Cell Phone: _____ Sacrament Received: CONFIRMATION yes no
Address: _____		
Home Phone: _____ Email Address: _____		
Emergency Contact Person/Relationship: _____ Phone: _____		
FOR ADDITIONAL EMERGENCY CONTACTS, PLEASE WRITE FULL NAME, RELATIONSHIP, PHONE AT THE BACK OF FORM.		
Family MASS Attendance: (Circle one) Saturday 5pm Sunday 8am 10am 12 noon 6pm		

Please List Children in Faith Formation (CCD), Youth Ministry, Confirmation

First / Last Name	M / F	Date of Birth	School	SEPT 2015 Grade	BAPTIZED +++	FIRST RECONCILIATION	FIRST EUCHARIST	Class Session	Day Time
					Y N	Y N	Y N		
					Y N	Y N	Y N		
					Y N	Y N	Y N		
					Y N	Y N	Y N		
					Y N	Y N	Y N		

+++ If Yes, please bring a copy of your child's Baptismal Certificate to registration (for NEW students only)

___ Returning Student ___ New Student-----Any previous religious instruction? Yes / No ----Where? _____
Parish Name

Child's Medical Problem: _____ Any Learning Disability? Yes / No _____

CLASS SESSION - DAY / TIME PREFERENCE: (please circle choice)

COMMUNION PREPARATION (CP)

Grades 1 - 8 Monday 4:45pm Monday 6:15pm

FIRST COMMUNION (FC)

Grades 2 - 8 Tuesday 4:45pm Tuesday 6:15pm

C O N T I N U I N G F A I T H F O R M A T I O N (C C D)

Grades 3 - 4 - 5 Wednesday 4:45p-6:00p

Grade 6 - Thursday 6:00p-7:30p

Grade 7 - Thursday 6:00p-7:30p

Grade 8 - Thursday 6:00p-7:30p

TUITION FEES:

- \$100. one child**
- \$120. two children**
- \$140. three children**
- \$180. four children**
- \$200. five children**

For office use only	Check	Cash
Tuition Due:		
Catechist Waiver		
Donation / Tuition Paid:		
Balance Due:		

Volunteers Needed:

___ Catechist ___ Catechist Aide

___ Sub-Catechist Grade Level _____

Day / Time: _____

Payment is due at the time of registration. Please make check payable to St. Anne Church.