



ST. ANNE CATHOLIC COMMUNITY

DEDICATED TO THE WORSHIP OF GOD

St. Anne Religious Formation

32000 Mound Road, Warren MI 48092

(586) 268-3434 (office) (586) 264-0718 (fax)

dhathaway@st-anne.net

Dear Parents,

Welcome to the 2016-2017 St. Anne Religious Formation Program. Enclosed you will find information on our program as well as an enrollment form. Please be sure to read through and complete all necessary forms and information. All **current** and **new** families are required to fill out the 2016-2017 registration form and submit to the Religious Formation/Parish office with payment by September 14th 2016. Registration forms are available in the parish office and on the website. Classes will begin on Monday, September 19th and are held in The Junior High building at St. Anne Catholic School. Classes are held for 2nd grade and 8th grade sacraments only. Please make checks payable to **St. Anne Catholic Community**. Please attach a copy of your child's baptismal record to the registration form. You may turn in your information during office hours, drop it off at the parish office, or feel free to mail it to:

Mrs. Deborah Hathaway
St. Anne Religious Formation
32000 Mound Road
Warren MI, 48092

***Please meet in the Religious Ed classroom in the Junior High building on the first floor with your child before class on Monday, September 19th at 6:15.**

Grade	Start Date	Meeting Day	Time
Grade 2 & 8	September 19, 2016	Monday	6:30pm – 7:30pm

Tuition for 2016-2017

Parish rate: \$150

*Additional fees for confirmation retreat and robe fees will be announced later in the school year.

*Additional fees for communion pictures, share-a-meal and banner fees will be announced later in the school year.

***ALL STUDENTS CELEBRATING THE SACRAMENT OF FIRST COMMUNION AND CONFIRMATION PLEASE ATTACH A COPY OF A BAPTISMAL CERTIFICATE WITH REGISTRATION.**

Family Last Name: _____ Telephone Number: (____) _____ - _____

Address: _____ City: _____ Zip: _____

Email: _____

Parish: _____

1) Child's First & Last Name: _____ Male/Female: _____ D.O.B.: _____

School Name: _____ Grade in fall: _____

Baptism / Parish of Sacrament: _____ Reconciliation: _____ Eucharist: _____
(mm/yr) (mm/yr) (mm/yr)

2) Child's First & Last Name: _____ Male/Female: _____ D.O.B.: _____

School Name: _____ Grade in fall: _____

Baptism / Parish of Sacrament: _____ Reconciliation: _____ Eucharist: _____
(mm/yr) (mm/yr) (mm/yr)

Father's Name: _____ Work Phone: _____

Religion: _____ Marital Status: _____ Cell Phone: _____

Mother's Name: _____ Work Phone: _____

Religion: _____ Marital Status: _____ Cell Phone: _____

Maiden Name: _____

*Please indicate below any health problems you believe St. Anne personnel should be aware of: _____

In case of emergency please list the name, address and telephone number of a relative or neighbor who would be willing to pick up your student(s).

Name: _____ Address: _____ Telephone: _____