

Religious Education Registration 2022-2023
**Together in Christ Collaborative of
St Ann's and St John's**

I am a member of (please check which Parish):

St Ann's Parish _____

St John's Parish _____

Are you registered at your Parish?

Yes _____

No _____

**Registration Fee: \$100.00 first child
\$25.00 each additional child**

**Please return this form to Matt Brady by email at
directorofministries.tic@gmail.com. Thank you!**

FAMILY INFORMATION

Family Last

Name: _____

Date: _____

Father's Name: _____

Father's Cell /
Guardian cell: _____

Mother's Name: _____

Mother's Cell/
Guardian cell: _____

Guardian Name: _____

Email Address: _____

Home Phone: _____

Emergency Contact: _____

Home Address: _____

Emergency Phone: _____

City, Zip: _____

Both Parents Catholic? Yes / No

STUDENT #1 INFORMATION

Child Name _____

Gender: Male / Female

Sacrament Details

Check & Date All Below

Birth Date: _____

Baptism date
and location: _____

Sports child plays: _____

Eucharist: _____

Talents: _____

Penance: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name _____

Gender: Male / Female

Birth Date: _____

Grade: _____

Sports child plays: _____

Talents: _____

Sacrament Details Check & Date All Below

Baptism date
and location: _____

Eucharist: _____

Penance: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #3 INFORMATION

Gender: Male / Female

Birth Date: _____

Grade: _____

Sports child plays: _____

Talents: _____

Sacrament Details Check & Date All Below

Baptism date
and location: _____

Eucharist: _____

Penance: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 INFORMATION

Child Name _____

Gender: Male / Female

Birth Date: _____

Grade: _____

Sports child plays: _____

Talents: _____

Sacrament Details Check & Date All Below

Baptism date
and location: _____

Eucharist: _____

Penance: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #5 INFORMATION

Child Name _____

Gender: Male / Female

Birth Date: _____

Grade: _____

Sports child plays: _____

Talents: _____

Sacrament Details Check & Date All Below

Baptism date and location: _____

Eucharist: _____

Penance: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

Is there anything else you would like to tell us?

SCHEDULING

Please select from the options below for each child you are registering. If you have any questions, please contact Matt Brady.

Grades/Time/Location	Child
Grades 1-5 Sundays 8:15-9:15 am @ St. John	
Grades 1-5 Mondays 4-5 pm @ St. Ann	
Grades 6-8 Sundays 5-6 pm @ St. Ann	
Grades 6-8 Tuesdays 4-5 pm @ St. Ann	
Grade 9 Sundays 7:30-8:30 pm @ St. Ann	
Grade 10 Sundays 7:30-8:30 pm @ St. Ann	

Note: Grades 9 and 10 will meet on alternating weeks.

You will be sent the full schedule of your child(s)' classes once your registration is received.