

TOGETHER IN CHRIST COLLABORATIVE
 CHURCH OF SAINT ANN & SAINT JOHN
 FAITH FORMATION
 508-369-3196/508-378-1521
 stannscdd@comcast.net/repstjohn@gmail.com
 2020-20201

For Office Use Only
 DATE: _____

AMOUNT PAID: _____

Family Name: _____
 (Last Name) Father's First Name

RELIGION: _____

Mother's
 Maiden Name: _____
 (Last Name) Mother's First Name

RELIGION: _____

Address _____

PHONE: _____

E-Mail: _____

CELL PHONE: _____

(Please print clearly – Address to be used only for CCD Communications to Parents)

In Case of Emergency and Parents Cannot be Reached: _____ PHONE: _____
 (Name)

Is there a family situation that we should know about?

Volunteers Needed: Check if you can be a Teacher _____ Teacher's Aide _____ Office Worker _____ Substitute _____

Check Grade Level: Pre School _____ Grades 1-2-3 _____ Grades 4-5-6 _____ Grades 7-8 _____ Grades 9-10 _____

| Child's Full Name | Date of Birth | Grade September 2020 | Sacraments Received | | Church of Baptism Include City/Town And State | Indicate any Health Or Learning Disability |
|-------------------|---------------|-------------------------|---------------------|---------|---|--|
| | | | First Communion | Penance | | |
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Registration Fees: \$95.00 per Family to be paid with the Registration: \$120.00 for the Sacramental Grades 2 and 10