

Tuition:  
\$180.00 per Family

For Office Use Only

Dates: \_\_\_\_\_  
\_\_\_\_\_

**Saint Ann Roman Catholic Church**  
**Office of Religious Education**  
**P.O. Box 405; Hampton, NJ 08827**  
**(908) 537-1070**

**Religious Education Registration Form**

Family Name: \_\_\_\_\_ Today's Date \_\_\_\_\_  
Father's First and Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Mother's First and Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone #2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
***In case of emergency please contact:*** Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Church of Baptism Address: \_\_\_\_\_  
School Presently Attending: \_\_\_\_\_ Grade in September: \_\_\_\_\_  
Medical Concerns (e.g., allergies, asthma, etc.), Special Needs, or Learning Disabilities:  
\_\_\_\_\_  
Day of the week preferred for CCD (please check one):  
Sunday 9:15 a.m. – 10:45 a.m. (all grades) \_\_\_\_\_  
Monday 4:00 p.m. – 5:30 p.m. (grades 1-4) \_\_\_\_\_  
Tuesday 4:00 p.m. – 5:30 p.m. (grades 5-8) \_\_\_\_\_  
**\*If you are registering a child for the first time, you must supply us with a copy of the child's Baptismal Certificate.**