

Saint Ann Roman Catholic Church
P. O. Box 405, Hampton, NJ 08827
908-537-1070

Religious Education Registration Form – Tuition \$150 per Family

Please Note: If you are registering a child for the first time, you must supply us with a copy of the child's Baptismal Certificate.

Family Name: _____ Today's Date: _____

Father's First & Last Name: _____ Religion: _____

Mother's First & Maiden Name: _____ Religion: _____

Address: _____

Phone #1: _____ Relationship to Child: _____

Phone #2: _____ Relationship to Child: _____

Email: _____

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: _____

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: _____