

**SAINT ANN PARISH  
FAITH FORMATION PROGRAM**

475 9th Avenue South, Naples, Florida 34102  
239-262-4256, ext. 203 www.naplesstann.com

**REGISTRATION 2012-2013**

**GRADES: K-8 SUNDAYS 10:20-11:40AM**

**GRADES: 9-10 SUNDAYS 4:00-5:30PM**



**PLEASE PRINT ALL INFORMATION:**

STUDENT'S FULL NAME: \_\_\_\_\_  
*First Middle Last*

E-MAIL: \_\_\_\_\_ GRADE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHILD LIVES WITH: \_\_\_\_\_ Father and Mother \_\_\_\_\_ Father \_\_\_\_\_ Mother

Other (*please specify*): \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MOTHER'S FIRST & MAIDEN NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

SACRAMENTS CHILD HAS RECEIVED: Please check and list date as well as the location. (parish, city, state)

BAPTISM: \_\_\_\_\_ DATE \_\_\_\_\_ CHURCH/CITY \_\_\_\_\_

EUCCHARIST: \_\_\_\_\_ DATE \_\_\_\_\_ CHURCH/CITY \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_ DATE \_\_\_\_\_ CHURCH/CITY \_\_\_\_\_

We must have a copy of his/her baptismal certificate attached to this form.

Registration Fee: **\$35** per child. For First Communion/First Reconciliation/Confirmation preparation there will be an additional fee of **\$50**.

Please include this with the registration fee. Amount Paid \_\_\_\_\_ Balance Due \_\_\_\_\_  
(Checks made payable to Saint Ann Parish)

Please note any special considerations or health problems we need to be aware of concerning your child:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**There are additional forms to be signed to ensure your child's safety.  
Please return this form with the fee to the Parish Office.**