



P.O. BOX 476, BYRON, CA 94514
(925) 634-6625
FAX (925) 634-4194

REGISTRATION*

Family Faith Formation (Pre K – 8th Grade)

Teen Ministry (9th – 12th Grade)

St. Anne
CATHOLIC
COMMUNITY

*Please check the box next to the program you are registering your child(ren) in; if you will have children registered in both programs please check both boxes.

FAMILY NAME _____
(Last Name) (Father's First Name)

(Occupation) (Religion)

MOTHER _____
(Maiden Name) (First Name)

(Occupation) (Religion)

ADDRESS _____
(Street) (City) (Zip)

PHONE _____ / _____
(Home) (Mother's Cell)

_____/_____/_____
(Father Work) (Father's Cell) (Mother Work)

E-MAIL _____

Registered St. Anne Parishioner: Yes No Name of Parish where registered _____

Pictures taken during Faith Formation, Teen Ministry and/or Parish activities may be used for print & digital media. Parents/guardians permission is needed to use these pictures.

Yes, you may use my child(ren)'s photo on the above stated media.

No, you may not use my child(ren)'s photo on the above stated media.

Signature

Date

(COMPLETE BACK OF FORM)

STUDENT NAME _____ Grade _____

Birth Date _____ Age _____ Sex _____ School _____

Baptism _____
(Date) (Church) (Address)

Reconciliation _____
(Date) (Church)

1st Communion _____
(Date) (Church)

Confirmation _____
(Date) (Church) (Address)

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