

**2010-2011 Church School Registration Form**

Family Last Name(s) \_\_\_\_\_ First names of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Child's Name	Grade	Date of Birth	Age	E-mail Address	Allergies	Comments

**Does your child receive the Holy Communion? yes \_\_\_ no \_\_\_**

**We will accept donations to help defray the cost of the programs.**

( ) I give permission for \_\_\_\_\_ to have his/her picture or written work (with no name ) in the newspaper or on the St. Anne's Church website.

( ) I do not give permission to have photos taken or written work submitted anywhere.

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