

2016-2017 Church School Registration

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

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

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

Does your child receive Holy Communion?  Yes  No

We accept donations to help defray the cost of materials.

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

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

\_\_\_\_\_

Parent/Guardian Signature