



Parish Registration Form

(Updated April 2014. Please print and complete all information on both sides.)

I. HEAD OF HOUSEHOLD				TODAY'S DATE:	
Title:	Last:	First:	Middle:	Suffix:	Nickname:
Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: Single Widowed Married Divorced Separated		Date of Marriage:	
Street address:			City:	State:	Zip Code:
Occupation:	Primary Email:			Are you Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Work Phone:	Cell Phone:			
Entered the Catholic Faith by: <input type="checkbox"/> Baptism as child <input type="checkbox"/> Baptism as adult <input type="checkbox"/> Profession of Faith			If NOT Catholic, what is your religious denomination?		
If you are not Catholic, are you interested in learning about the Catholic faith through RCIA? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Check here if you DO NOT want to receive our weekly parish e-newsletter.					

II. SPOUSE INFORMATION (If you are not married, please skip to section III below)					
Title:	Last:	First:	Middle:	Suffix:	Nickname:
Date of Birth: / /	Work Phone:	Cell Phone:		Are you Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation:	Email:				
Entered the Catholic Faith by: <input type="checkbox"/> Baptism as child <input type="checkbox"/> Baptism as adult <input type="checkbox"/> Profession of Faith			If NOT Catholic, what is your religious denomination?		
If you are not Catholic, are you interested in learning about the Catholic faith through RCIA? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Check here if you DO NOT want to receive our weekly parish e-newsletter.					

III. EMERGENCY CONTACT (Name & phone number of person to be reached in case of emergency:		
If divorced or remarried, with whom do the children live?		
Who is the main point of contact for the child(ren)'s religious education formation?		
Name:	Phone:	Email:

ALL REGISTRATION FORMS may be returned as follows:

- Hand-delivered to the parish office (hours Mon – Fri., 8:30 am – 4:30pm)
- Mailed to: St. Anne Catholic Church, ATTN: Parish Religious Ed, 2000 Kay Circle, Columbus, GA 31909

Parish Registration: Child(ren) Information

Please **PRINT** and complete in full. If you have more than two children, attach a separate registration form. This registration form may also be downloaded and printed from our parish website at www.stannecsg.com.

1. Does child(ren) attend a Catholic school? (circle one) Yes No
If Yes, name of school: _____
2. If No, does your child(ren) participate in a diocesan-approved home-school program? Yes No
If Yes, name of program: _____
3. If No, would you like to enroll your child(ren) in St. Anne's Parish Religious Education (PRE) program?
Yes No

Child One: _____ Gender: M F
(Last Name) (First) (Middle)

Grade Level (Aug 2014) (circle one): PreK K 1 2 3 4 5 6 7 8 Date of Birth: _____
(MM / DD / YY)

Was child enrolled in St. Anne's Parish Religious Ed program last year? Yes No

If NO, did child regularly attend a religious education program at a former parish? Yes No
(If yes, please contact former parish for copy of Attendance Record in their religious ed program and submit with this registration.)

Has this child received Baptism? Yes No (If Yes, please attach copy of Baptismal certificate.)

Additional Sacraments this child has received (circle all that apply and list date(s):

Reconciliation _____ Eucharist _____ Confirmation _____

Were these sacraments received at St. Anne parish? Yes No

If No, list name of parish and phone number: _____

Please list any special considerations for this child (medical, modified instruction, or food / other allergies):

Child Two: _____ Gender: M F
(Last Name) (First) (Middle)

Grade Level (Aug 2014) (circle one): PreK K 1 2 3 4 5 6 7 8 Date of Birth: _____
(MM / DD / YY)

Was child enrolled in St. Anne's Parish Religious Ed program last year? Yes No

If NO, did child regularly attend a religious education program at a former parish? Yes No
(If yes, please contact former parish for copy of Attendance Record in their religious ed program and submit with this registration.)

Has this child received Baptism? Yes No (If Yes, please attach copy of Baptismal certificate.)

Additional Sacraments this child has received (circle all that apply and list date(s):

Reconciliation _____ Eucharist _____ Confirmation _____

Were these sacraments received at St. Anne parish? Yes No

If No, list name of parish and phone number: _____

Please list any special considerations for this child (medical, modified instruction, or food / other allergies):

Thank you for joining us!