

**St. Ann's Faith Formation
New Student Enrollment Form**

Any new student who was not baptized at St. Ann's, Raynham, MA must provide a copy of his/her Baptismal Certificate to the Faith Formation Office. A copy may be obtained from the rectory of the church of Baptism.

Parent/Guardian Information

Mother's

Last Name: _____

Maiden Name (if applicable): _____

First Name: _____

Title preferred (please check one): ___ Miss ___ Ms. ___ Mrs. ___ Mr. & Mrs.

Home phone: _____ **Cell phone:** _____

() Mailing Address: _____

() Email Address: _____

Father's

Last Name: _____

First Name: _____

Home phone: _____ **Cell phone:** _____

() Mailing Address: _____

() Email Address: _____

If parent's mailing and/or email are different please () preferred address

Best Emergency Contact (if different from above):

Name: _____ **Phone:** _____

Child #1

Child's

Last Name: _____

Middle Initial: _____

First Name: _____

Date of Birth: ___/___/___ **Place of Birth:** _____

Date of Baptism ___/___/___

Name of Church _____

Town/City/State _____

Religious Education Grade in Sept. _____ **Fee \$** _____

Needs a tailored learning environment. Please explain needs: _____

Child #2

Child's

Last Name: _____

Middle Initial: _____

First Name: _____

Date of Birth: ___/___/___ **Place of Birth:** _____

Date of Baptism ___/___/___

Name of Church _____

Town/City/State _____

Religious Education Grade in Sept. _____ **Fee \$** _____

Needs a tailored learning environment. Please explain needs: _____

Child #3

Child's

Last Name: _____

Middle Initial: _____

First Name: _____

Date of Birth: ____/____/____ **Place of Birth:** _____

Date of Baptism ____/____/____

Name of Church _____

Town/City/State _____

Religious Education Grade in Sept. _____ **Fee \$** _____

Needs a tailored learning environment. Please explain needs: _____

~FOR OFFICE USE ONLY~

Check # _____

Total Pd. _____

Cash \$ _____

Date Pd. ____/____/____