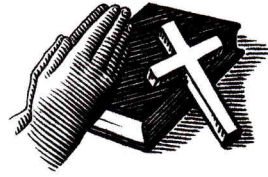




St. Anne Religious Formation

32000 Mound Road · Warren, MI 48092 · 586-268-3434 · 586-264-0718 (fax)



Dear Parents,

Welcome to the 2011-2012 St. Anne Religious Formation Program. Enclosed you will find information on our program as well as an enrollment form. Please read through all of the information and fill out the form completely. All **current and new families** are required to fill out the 2011-2012 form and turn it into the Religious Formation office/Parish office with your payment by June 30th, 2010. Registration forms are available in the parish office and on the website. Your child will be assigned a class as soon as we receive your registration form and payment. Please make checks payable to St. Anne Catholic Community. If you are new to the program, please attach a copy of your child's baptismal record to the registration form. You may turn in your information during office hours or feel free to mail it to:

Mrs. Joyce Boyle
St. Anne Religious Formation
32000 Mound Road
Warren, MI 48092

Information regarding classroom and teacher assignments will be mailed to families after September 1st, 2011.

<u>Grade</u>	<u>Starting Date</u>	<u>Meeting Day</u>	<u>Time</u>
Pre-K and K (ages 3-5)	September 11, 2011	Every Sunday	10:00 a.m. - 11:00 a.m.
Grades 1-8	September 12, 2011	Every Monday	6:30 p.m. - 7:30 p.m.

Tuition and Costs for 2011-2012

In Parish Rate: \$ 85 for the 1st child; \$45 for every additional child

(For those who use church envelopes and contribute \$200 per year, contributions run from May - May. Family contributions will be reviewed when registration is received).

Out of Parish Rate: \$ 300 for the 1st child; \$60 for every additional child

Book and Supply Fee for 2011-2012

\$20 supply fee per child in Pre-K and Kindergarten; Grades 1, 3-7

\$40 book and supply fee per child in Grades 2 & 8

Additional Confirmation retreat & robe fees will be announced later in the year.

Note: Those families participating in the Family Catechesis (home schooling) program should pay only the book and sacramental fees that apply during registration.

Have a blest and peaceful summer and we will see you in September!

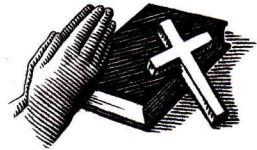
Peace in Christ,

Rev. Alberto Bondy
Pastor

Mrs. Joyce Boyle
Director of Religious Education



ST. ANNE RELIGIOUS FORMATION REGISTRATION FORM 2011-2012



Family Last Name _____ Telephone Number _____

Address _____ City _____ Zip Code _____

Email Address _____ Parish _____

						Please check the Sacraments received:			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Baptism	Reconciliation	Eucharist	Confirmation
1.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child's First & Last Name	(Male / Female)	Birthdate (mo/date/yr)	Grade in Fall	School Name				
2.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child's First & Last Name	(Male / Female)	Birthdate (mo/date/yr)	Grade in Fall	School Name				
3.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child's First & Last Name	(Male / Female)	Birthdate (mo/date/yr)	Grade in Fall	School Name				
4.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child's First & Last Name	(Male / Female)	Birthdate (mo/date/yr)	Grade in Fall	School Name				
5.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child's First & Last Name	(Male / Female)	Birthdate (mo/date/yr)	Grade in Fall	School Name				

Father's Name _____ Place of Employment _____ Work Phone _____

Father's Religion _____ Father's Marital Status _____ Cell Phone _____

Mother's Name (+ Maiden) _____ Place of Employment _____ Work Phone _____

Mother's Religion _____ Mother's Marital Status _____ Cell Phone _____

Please indicate below any health problems of your children which you believe St. Anne personnel should be aware of:

Please list below the name, address and telephone number of a relative or neighbor living nearby who is willing to pick up the student in case of an emergency:

Name _____ Address _____ Telephone _____

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FOR OFFICE USE ONLY:

Tuition Due: _____ Tuition Paid: _____ Date: _____ Check # _____ Cash: _____

Registered in Computer: Yes No

Remarks: _____