

St. Anne's Catholic Church Pastor: Fr. Noel Tria

113 S. Kemp Street Florence, SC 29506 (843)661-5012 Fax (843) 673-2680

CCD Registration 2016 - 2017 School Year

Matricula para clases de Religion

CCD Hours held Sundays 9:30-11:15

Todas las clases se reunen los Domingos a las 9:30-11:15 am

******If you have not already done so, Please provide St. Anne's Parish office with all Sacramental documentation for your children ******

Family Information: All participants must be a registered parish member

Información de la Familia: Todos los participantes tiene que ser un miembro registrado de la parroquia

Mother's Name/Nombre de Madre:

(Last/Appellido) _____ (First/Nombre) _____

Religion/Religion: _____ Family email/Correo Electronico: _____

Current Address/Domicilio: _____

Telephone/No.Telefonico: _____ Cell phone/Cellular _____ Work/Trabajo _____

Father's Name/Nombre de Padre :

(Last/Appellido) _____ (First/Nombre) _____

Religion/Religion: _____ Family email/Correo Electronico: _____

Current Address/Domicilio: _____

Telephone/No.Telefonico: _____ Cell phone/Cellular _____ Work/Trabajo _____

Student Information/Informacion del Nino/a

1. _____

Name/Nombre **Grade/Grado** **D.O.B/Fecha de naciemnto**

Please check Sacraments received/ Sacramento ya Recibido

Baptism/Bautismo First Communion/ Eucaristia Confirmation//Confirmacion

2. _____

Name/Nombre **Grade/Grado** **D.O.B/Fecha de naciemnto**

Please check Sacraments received/ Sacramento ya Recibido

Baptism/Bautismo First Communion/ Eucaristia Confirmation//Confirmacion

3. _____

Name/Nombre **Grade/Grado** **D.O.B/Fecha de naciemnto**

Please check Sacraments received/ Sacramento ya Recibido

Baptism/Bautismo First Communion/ Eucaristia Confirmation//Confirmacion

4. _____

Name/Nombre **Grade/Grado** **D.O.B/Fecha de naciemnto**

Please check Sacraments received/ Sacramento ya Recibido

Baptism/Bautismo First Communion/ Eucaristia Confirmation//Confirmacion

Please specify child and list any known medical conditions or allergies to food/Alguna necesidad especial, alergias, problemas fisicos: _____

Registration Fees		Please Check	Please select several dates to Volunteer for snack preparation. Reminders will be emailed. Thanks!	
No. Students	Fee			
1	\$35.00			
2	\$65.00			
3 to 5	\$85.00		1.	2.
5 or more	\$100.00		3.	4.
Registration late fee \$20.00 (After September 4)			5.	6.

