

SAINT ANN CATHOLIC CHURCH
310 North Olive Avenue
West Palm Beach, FL 33401

Director of Religious Education
Mr. Justin McCarty
561-832-3757 ext. 304

REGISTRATION FOR FIRST HOLY COMMUNION

PLEASE PRINT CLEARLY

DATE: _____

Please fill out registration completely – all information is needed.

Family Last Name _____
Child's Last Name _____ First _____ Middle _____
Date of Birth ____/____/____ Place of Birth _____ Age ____
Child resides with: **(Please circle)** Both Parents Mother Father Other _____
Mother's Last Name: _____ First name _____ Middle _____
Mother's **Maiden** name _____
Street Address _____
City _____ State _____ Zip Code _____
Mother's home telephone (_____) _____ - _____ Cell telephone (_____) _____ - _____
Father's Last name _____ First name _____ Middle _____
Street address _____
City _____ State _____ Zip Code _____
Father's home phone (_____) _____ - _____ Cell phone (_____) _____ - _____
Does the child take any medication or have any health problems? ___No ___Yes **If yes, please list medications and condition** _____

Has child been baptized? ___No ___Yes Date of Baptism ____/____/____
Name of Church _____
Street address _____
City _____ State _____ Zip Code _____

A copy of the Baptismal Certificate is required.

Is Family Registered at Saint Ann Church? ___No ___Yes Envelope # _____
Name of school child is attending _____ GRADE _____
Did the child attend Religious Ed at Saint Ann? ___YES ___NO **If no, please provide us with a letter from your previous church stating that the child participated in the religious education program.**

FOR OFFICE USE ONLY

Baptism certificate received: _____
Letter from previous parish received: _____
Notes/Remarks: _____

