

NEW STUDENT REGISTRATION FORM 2026-2027

Office of Faith Formation
St. Ann's Church
675 North Main St
Raynham Center, MA 02767

religioused@stannsraynham.org 508-823-9833

*Registration fee: \$60.00 per student not to exceed \$150.00 per family
**Homeschool fee \$50.00, Grade 2 retreat – additional \$20,
Grade 8 retreat-additional \$40**

Grades 1-7

*Please indicate your preference: Sunday Morning _____ Monday Night _____ Homeschool _____

Confirmation 1 Monday Night _____ Confirmation 2 Sunday _____

Student Information: If you have a copy of Baptism Certificate, please submit with registration form. If not, please contact the church of Baptism and they will forward a copy to us. Please complete one form for each new student.

Student Name: _____
Last Name First Name Middle Name

Date of Birth: _____ **Place of Birth:** _____

School Attending: _____ **Grade** _____

Baptism: Date: _____ Parish: _____ City: _____

First Communion: Date: _____ Parish: _____ City: _____

How many years of Faith Formation has this student completed? _____

Parent/Guardian 1 _____ **Cell #:** _____
First Name Last Name Please * best cell # to use

Religion _____ **Previous Parish/City/State** _____

Parent/Guardian 2 _____ **Cell #** _____
First Name Please * best cell # to use

Religion _____ **Previous Parish/City/State** _____

Student's Mother's Maiden Name _____

Mailing Information: _____
Street/PO Box City/Town Zip

Best Email(s) for Communications: _____
Email

We use Flocknote automated messaging software to communicate with you regarding cancellations and/or other pertinent information. If you haven't already, please sign up for Flocknote.

Please finish on backside of this paper

STUDENT'S FAMILY – BROTHERS/SISTERS:

1. _____
Name Grade

2. _____
Name Grade

EMERGENCY INFORMATION: We will always call parents first, but in the event we CAN'T reach a parent, please notify:

Name: _____ Telephone: _____

Is there anyone who **should NOT pick up** your child? YES ____ NO ____

If yes, please provide their name _____

Please note any allergies, special needs, or concerns for your child that we should be aware of. Thank you.

I understand and authorize that my child/children's picture may be taken and used in video presentation, on St. Ann's Parish website, bulletin boards, or newsletter.

Yes ____ No ____

Office Only:

Registration Paid on _____ Check # _____ Cash _____ Online payment