



# St. Anne of the Sunset Church

850 Judah Street, San Francisco, CA 94122 \* www.stanne-sf.org \* 415-665-1600

## Religious Education

Grades K-6<sup>th</sup> and Confirmation Preparation  
REGISTRATION FORM 2024-2025

(Please Print)

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name of school the child is attending at present: \_\_\_\_\_

Grade in school \_\_\_\_\_ Is English the child's first language? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Attended St. Anne's Religious Ed Program: (Y) \_\_\_\_\_ (N) \_\_\_\_\_ (If yes, how many years? \_\_\_\_\_)

Other Religious Ed Program: Parish \_\_\_\_\_ City, State \_\_\_\_\_

Sacraments Received: Baptism (Y) \_\_\_\_\_ (N) \_\_\_\_\_ Communion (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Reconciliation (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Special needs that the teacher should know \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status \_\_\_\_\_ Registered St. Anne's Parishioner (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Would you be available to help out with class or activities? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status \_\_\_\_\_ Registered St. Anne's Parishioner (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Would you be available to help out with class or activities? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

**If a guardian is the one filling up this form, please provide the following information:**

Guardian's Full Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (home/cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Registered St. Anne's Parishioner? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Would you be available to help out with class or activities? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

# Family Covenant

Recognizing that my involvement as a parent/guardian is of special importance in the Religious Education of my child, \_\_\_\_\_:

- ❖ I promise to see that my child attends all Catechetical Sessions, Sunday Masses, Prayer Services, and Service Activities.
  
- ❖ I promise to participate in the sacramental life of the parish, to the degree I am able, as a witness to my faith and in a very special way to my child.
  
- ❖ I promise to pray and help my child during his/her on-going education in the faith, Christian service, and witness.

\_\_\_\_\_  
(Parent/Guardian – please print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Return completed form with payment to the Parish Office ATTN: Carmen C. Perlas (Coordinator of Religious Education)

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**For Office Use Only**

\_\_\_\_\_ **Early Registration Fee (Ends October 1<sup>st</sup>)**  
**Cost/Child \$75 Two or More Children in One Family \$100**

\_\_\_\_\_ **Regular Registration Fee (October 2<sup>nd</sup> – October 15<sup>th</sup>)**  
**Cost/Child \$100 Two or More Children \$175**  
( ) Cash ( ) Check # \_\_\_\_\_

**Payment Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Baptismal Certificate Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sacramental Records Verified By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade Assigned** \_\_\_\_\_