



St. Anne of the Sunset Church

850 Judah Street, San Francisco, CA 94122 * www.stanne-sf.org

* 415-665-1600

Religious Education

Grades K-6th and Confirmation Preparation
REGISTRATION FORM 2025-2026

St. Anne's Religious Education Program

Student Information Form

(Please Print)

Child's Full Name: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Current School: _____

Current Grade: _____

Is English the child's first language? Yes No

Has the child attended St. Anne's Religious Education Program before? Yes No

If yes, how many years? _____

Has the child attended another Religious Education Program? Yes No

If yes, Parish Name: _____

City, State: _____

Sacraments Received:

- Baptism: Yes No
- First Communion: Yes No
- Reconciliation: Yes No
- Confirmation: Yes No

Any special needs or information the teacher should be aware of:

Parent / Guardian Information

Father's Full Name: _____

Religion: _____

Address (if different from child): _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: () _____ **Cell: ()** _____

Email: _____

Marital Status: _____ **Registered at St. Anne's?** Yes No

Available to help with class or activities? Yes No

Mother's Full Name: _____

Religion: _____

Address (if different from child): _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: () _____ **Cell: ()** _____

Email: _____

Marital Status: _____ **Registered at St. Anne's?** Yes No

Available to help with class or activities? Yes No

If a guardian is filling out this form, please complete the section below:

Guardian's Full Name: _____

Relationship to Child: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (home or cell): _____

Email: _____

Registered at St. Anne's? Yes No

Available to help with class or activities? Yes No

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)

For Office Use Only

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

_____ **Regular Registration Fee (October 2nd – October 15th)**
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 _____