

**Saint Ann Parish**  
481 Brewster Street, Bridgeport, CT 06605  
www. StAnnBlackRock.com

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**Religious Education/Sacramental Preparation Class Registration Form** (please PRINT)

Family's Last Name: \_\_\_\_\_ First Names (Parents): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Mothers  
Maiden Name: \_\_\_\_\_ Emerg. Phone: (\_\_\_\_) \_\_\_\_\_

Custodial Parent: \_\_\_\_\_ Email \_\_\_\_\_

Rel Ed Mailing Address \_\_\_\_\_ Parish You are Registered At: \_\_\_\_\_  
(if different from above)

Both Parents Catholic? Y N \_\_\_\_\_

Child #1 – Name (Last, First) Birthdate Gender Grade in Sept. School Registering For:

\_\_\_\_\_ Public School \_\_\_\_\_ Sac. Prep \_\_\_\_\_

Sacraments Already Received:  Baptism  Catholic? Date/Church: \_\_\_\_\_  Reconciliation Date/Church: \_\_\_\_\_  
Sacraments Already Received:  Eucharist Date/Church: \_\_\_\_\_  Confirmation Date/Church: \_\_\_\_\_

(Please include a copy of sacramental certificate including parish name where received with completed registration)

Special Needs (Medical, allergies, learning/physical disabilities): \_\_\_\_\_

Child #2 – Name (Last, First) Birthdate Gender Grade in Sept. School Registering For:

\_\_\_\_\_ Public School \_\_\_\_\_ Sac. Prep \_\_\_\_\_

Sacraments Already Received:  Baptism  Catholic? Date/Church: \_\_\_\_\_  Reconciliation Date/Church: \_\_\_\_\_  
Sacraments Already Received:  Eucharist Date/Church: \_\_\_\_\_  Confirmation Date/Church: \_\_\_\_\_

(Please include a copy of sacramental certificate including parish name where received with completed registration)

Special Needs (Medical, allergies, learning/physical disabilities): \_\_\_\_\_

Child #3 – Name (Last, First) Birthdate Gender Grade in Sept. School Registering For:

\_\_\_\_\_ Public School \_\_\_\_\_ Sac. Prep \_\_\_\_\_

Sacraments Already Received:  Baptism  Catholic? Date/Church: \_\_\_\_\_  Reconciliation Date/Church: \_\_\_\_\_  
Sacraments Already Received:  Eucharist Date/Church: \_\_\_\_\_  Confirmation Date/Church: \_\_\_\_\_

(Please include a copy of sacramental certificate including parish name where received with completed registration)

Special Needs (Medical, allergies, learning/physical disabilities): \_\_\_\_\_

Child #4 – Name (Last, First) Birthdate Gender Grade in Sept. School Registering For:

\_\_\_\_\_ Public School \_\_\_\_\_ Sac. Prep \_\_\_\_\_

Sacraments Already Received:  Baptism  Catholic? Date/Church: \_\_\_\_\_  Reconciliation Date/Church: \_\_\_\_\_  
Sacraments Already Received:  Eucharist Date/Church: \_\_\_\_\_  Confirmation Date/Church: \_\_\_\_\_

(Please include a copy of sacramental certificate including parish name where received with completed registration)

Special Needs (Medical, allergies, learning/physical disabilities): \_\_\_\_\_

**NOTES**

**The Catholic Church believes that parents are the primary faith educators of our children.**  
**Faithful attendance at Sunday Mass nourishes your child's faith and fosters a greater relationship with God,**  
**as well as creates a sense of belonging to our larger faith community.**  
**Attendance at Sunday Mass is a base requirement for our Faith Formation Program.**

**WHO REGISTERS FOR WHAT?**

**Public School children should register for weekly Faith Formation (Wednesdays 4:30 to 5:30)**  
**All children in grades 2, 7, & 8 should also register for Sacramental Preparation (Reconciliation/Eucharist/Confirmation)**  
**Class Dates/Times and Tuition/Fees are on the back of this form.**

