

Pastor: Fr. Noel Tria  
843-661-5012

St. Anne Catholic Church CCD Program

Kim Wilcox, DRE  
812-360-7335

### SAINT ANNE CATHOLIC CHURCH CCD REGISTRATION

Matricula para clases de Religion

CCD Hours held on Sundays from 9:30 to 11:15 am

Todas las clases se reunen los Domingos a las 9:30-11:15

**\*ATTENTION: ALL BAPTISIMAL AND FIRST COMMUNION CERTIFICATION NEEDS TO BE TURNED INTO THE DRE OR THE BUSINESS ADMINISTRATOR BEFORE THE START OF CCD IN THE FALL. THANKS!\***

Family information: All participants must be a registered parish member.

Informacion de la familia: Todas las participantes tiene que ser un miembro registrado de la parroquia.

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Mother's Name/Nombre de Madre:

Last/Appellido: \_\_\_\_\_ First/Nombre: \_\_\_\_\_

Religion/Religion: \_\_\_\_\_ Family email/Correo Electronico: \_\_\_\_\_

Current

Address/Domicilio: \_\_\_\_\_

Telephone/ No. Telefonico: \_\_\_\_\_

Cell phone/Cellular: \_\_\_\_\_ Work/Trabajo: \_\_\_\_\_

Father's Name/Nombre de Padre:

Last/Appellido: \_\_\_\_\_ First/Nombre: \_\_\_\_\_

Religion/Religion: \_\_\_\_\_ Family email/Correo Electronico: \_\_\_\_\_

Current Address/

Domicilio: \_\_\_\_\_

Telephone/ No. Telefonico: \_\_\_\_\_

Cell

phone/Cellular: \_\_\_\_\_ Work/Trabajo: \_\_\_\_\_

Student Information/Informacion de Nino/a:

1. \_\_\_\_\_

Name/ Nombre \_\_\_\_\_ Grade/Grado \_\_\_\_\_ DOB/Fecha de naciemnto \_\_\_\_\_

Please check Sacraments received/Sacramento ya Recibido

Baptism/Bautismo \_\_\_\_\_ First Communion/Eucaristia \_\_\_\_\_ Confirmation/Confirmacion \_\_\_\_\_

2. \_\_\_\_\_

Name/ Nombre \_\_\_\_\_ Grade/Grado \_\_\_\_\_ DOB/Fecha de naciemnto \_\_\_\_\_

Please check Sacraments received/Sacramento ya Recibido

Baptism/Bautismo \_\_\_\_\_ First Communion/Eucaristia \_\_\_\_\_ Confirmation/Confirmacion \_\_\_\_\_

3. \_\_\_\_\_

Name/ Nombre \_\_\_\_\_ Grade/Grado \_\_\_\_\_ DOB/Fecha de naciemnto \_\_\_\_\_

Please check Sacraments received/Sacramento ya Recibido

Baptism/Bautismo \_\_\_\_\_ First Communion/Eucaristia \_\_\_\_\_ Confirmation/Confirmacion \_\_\_\_\_

4. \_\_\_\_\_

Name/ Nombre \_\_\_\_\_ Grade/Grado \_\_\_\_\_ DOB/Fecha de naciemnto \_\_\_\_\_

Please check Sacraments received/Sacramento ya Recibido

Baptism/Bautismo \_\_\_\_\_ First Communion/Eucaristia \_\_\_\_\_ Confirmation/Confirmacion \_\_\_\_\_

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Student Information/Informacion de Nino/a:

5. \_\_\_\_\_

Name/ Nombre

Grade/Grado

DOB/Fecha de naciemnto

Please check Sacraments received/Sacramento ya Recibido

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PLEASE SPECIFY CHILD AND LIST ANY KNOW MEDICAL CONDITIONS OR ALLERGIES TO FOOD/Alguna necesidad especial, alergias, problemas fisicos: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGISTRATION FEES:

No. of Students per family: The fee is to pay for books, materials, etc.	Please select several dates to Volunteer for snack preparation. Reminders will be emailed. Thanks! Seleccione fechas para la preparacion de aperitivos. Gracias!
1 \$40.00	1.
2 \$70.00	2.
3 to 4 \$85.00	3.
5 or more \$100.00	4.
	5.
Registration late fee after September \$20.00	6.