



Attending Parent(s) Name(s): _____

1st Child: Name _____ DOB _____

2nd Child: Name _____ DOB _____

Address (Street, City, Zip): _____

Phone: _____

Email: _____

Are you members of St. Anne's Catholic Church? _____

Were your children baptized here? If not, what parish? _____

Anything else we should know?

Fee: \$40/per family
Make checks payable to St. Anne's

Any questions contact Emily Sunderman
esunderman@stanneslesueur.org