CHURCH OF THE ANNUNCIATION

80 Main Street, Bloomsbury, NJ 08804
Telephone - Rectory: (908) 479-4905 Religious Education: (908) 479-6708
e-mail: annunciationccd64@gmail.com

2023-2024 RELIGIOUS EDUCATION PROGRAM RE-REGISTRATION FORM

| FAMILY NAME: | DATE: | | | |
|--|-------------------|-------------------|---------------------|--|
| ADDRESS: | | | | |
| E-MAIL ADDRESS: | | | | |
| HOME PHONE #: | | CELL PHONE #: | | |
| Alternate contact in case of emergency NAME / PHONE #: | | | | |
| CHILD'S NAME | AGE | Date of Birth | GRADE As of Sept | ALLERGIES OR HEALTH CONCERNS |
| | | | | |
| CLASSES MEET SUNDAY 10:00 – 11: | Kinder | | , 10:00 - 11:25 | 5 AM \$45.00 Fee |
| Please make checks payable to: The | | | | |
| | | _ | _ | munion (\$25.00) and Confirmation (\$75.00) |
| | | | _ | ************************************** |
| Are there any learning disabilities, w | ve should be awa | re of to help the | teachers be r | more sensitive to his/her needs? |
| Are you interested in becoming a te | acher, substitute | , or teacher's as | sistant for REF | P? Yes Not at this time |
| Completed forms will be accepted a box at Mass in an envelope marked | | | office hours, o | can be mailed or dropped in the collection |
| NOTE: This short form is to be comnever registered, please use long Fo | - | hildren who att | ended a REP o | class, in this parish, the previous year. If |
| Office: Date Rec. / / P | avment Amt. Ś | | Check # | Sacramental Fee \$ |

Form #REP-2 Rev. 8/23