



Registration Form

St. Ann Catholic Church PDO
6529 Stage Road ⌘ Bartlett, TN
901-387-1619
www.stanncolts.org

Child's Name _____ Registration Date _____ Group _____

Birth Date _____ Boy _____ Girl _____ Home Phone _____

Address _____

City _____ State _____ ZIP _____

Mother's Name _____ Living?: Yes No

Place of Work _____ Work Phone _____

Cell _____ Other _____ Email _____

Father's Name _____ Living?: Yes No

Place of Work _____ Work Phone _____

Cell _____ Other _____ Email _____

Does the Child live with: Both Parents _____ Mother _____ Father _____ Other _____

Emergency Contacts: 1. _____

Phones: Home _____ Cell _____ Work _____

2. _____

Phones: Home _____ Cell _____ Work _____

3. _____

Phones: Home _____ Cell _____ Work _____

Doctor's Name _____ Phone _____

Medical Information (Allergies, prescribed medication, etc.) _____

Catholic: Yes _____ No _____

The \$75 registration fee must be turned in with this completed application. Thank you.

Signature of Parent or Guardian _____ Date _____

For Staff Use Only

Non-refundable Registration Fee Paid Date _____ Amount _____ Check # _____ Cash _____

Date of Entry _____ Group _____ Enrollment Notification _____