

Student Registration Form

NO REGISTRATIONS ACCEPTED AFTER May 20, 2022



DATES: JUNE 6-10 TIMES: 8:45-12:00

**LOCATION: St. Anne Catholic Church
Ages 3 to 5th grade (as of Sept 1, 2021)**

**Mail completed form to: 2715 Calder Ave, Beaumont, TX 77702 or drop in
Rectory Mail Slot or Send through St. Anne School Folder**

- Students of teachers and volunteers are placed first.
- We cannot ensure all friends will be placed together.

Contact: Kristina Knowles or Hillary Shanning

Phone: 409-791-1415 or 409-932-4349

E-mail: kknowles@stannebmt.org

Child's Name: _____

Child's Name: _____

Child's Name: _____

Male or Female	Date Of Birth	Grade Leaving	Allergy	T-Shirt Size

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ EMAIL: _____

Church/Parish _____

Can you volunteer to help?

Where? _____

(Teacher, Aide, Music, etc)

Donation \$ _____ or Call me to bring snacks

Registration fee per child..... @ 15.00 x _____ = \$ _____

I have enclosed a check in the amount of TOTAL \$ _____

Please use other forms for Teen and Adult Volunteers

Adult Volunteer Registration Form



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Contact: Kristina Knowles/Hillary Shanning
Phone: 409-791-1415/409-932-4349
E-mail: Kknowles@stannebmt.org/hshanning@gmail.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ EMAIL: _____

Have you taken Protecting God's Children?

When? _____ Where? _____

Where would you like to volunteer? _____

Do you want to be with your child? _____

T-Shirt fee @ 10.00 x _____ = \$ _____

T-Shirt Size _____

I have enclosed a check in the amount of TOTAL \$ _____

Please use other forms for Student Registration and Teen Volunteers

Teen Registration Form

NO TEENS WILL BE ACCEPTED AFTER May 20, 2022

St. Anne Parishioners will be placed first



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Contact: Kristina Knowles

Phone: 409-791-1415

E-mail: kknowles@stannebmt.org

Teen's Name: _____

Teen Cell Phone #: _____

School: _____

Parish: _____

Parent Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Cell: _____

Male or Female	Date Of Birth	Grade Leaving	Allergy	T-Shirt Size

Where would you like to help? _____

(Classroom, Group Leader, Music, Snack, etc)

What grades have you attended Catholic School or Religious Education?

5 6 7 8 9 10 11 12

Registration fee per teen @ 10.00 x _____ = \$ _____

I have enclosed a check in the amount of TOTAL \$ _____

Please use other forms for Student Registration and Adult Volunteers