



**ST. ANTHONY OF PADUA CATHOLIC CHURCH  
RELIGIOUS EDUCATION REGISTRATION FORM  
Grades Kinder – 12th  
2017-2018**

Please complete this form & return  
with payment or Register On-Line!

**PLEASE PRINT CLEARLY!!**

**PARENT/GUARDIAN CONTACT INFORMATION:**

**FATHER/GUARDIAN:** \_\_\_\_\_ **MOTHER/GUARDIAN:** \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_  
 Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_  
 Father's DOB/Place of Birth: \_\_\_\_\_ Mother's DOB/Place of Birth: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PRIMARY E-MAIL ADDRESS: \_\_\_\_\_

**CHILD #1 REGISTRATION INFORMATION:** SCHOOL GRADE LEVEL: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_

FULL LEGAL NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 First Name MI Last Name  
 CITY/STATE OF BIRTH: \_\_\_\_\_ GENDER: Female \_\_\_\_\_ Male \_\_\_\_\_  
 CHECK ALL SACRAMENTS RECEIVED: \_\_\_\_\_ BAPTISM \_\_\_\_\_ FIRST CONFESSION \_\_\_\_\_ HOLY COMMUNION \_\_\_\_\_ CONFIRMATION  
 NAME OF CHURCH WHERE CHILD WAS BAPTIZED (INCLUDE CITY/STATE): \_\_\_\_\_  
 WAS CHILD ATTENDING CCD IN ST. ANTHONY LAST YEAR? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, then where? \_\_\_\_\_  
 HEALTH ISSUES, SPECIAL NEEDS, ALLERGIES (PLEASE LIST): \_\_\_\_\_

**CHILD #2 REGISTRATION INFORMATION:** SCHOOL GRADE LEVEL: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_

FULL LEGAL NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 First Name MI Last Name  
 CITY/STATE OF BIRTH: \_\_\_\_\_ GENDER: Female \_\_\_\_\_ Male \_\_\_\_\_  
 CHECK ALL SACRAMENTS RECEIVED: \_\_\_\_\_ BAPTISM \_\_\_\_\_ FIRST CONFESSION \_\_\_\_\_ HOLY COMMUNION \_\_\_\_\_ CONFIRMATION  
 NAME OF CHURCH WHERE CHILD WAS BAPTIZED (INCLUDE CITY/STATE): \_\_\_\_\_  
 WAS CHILD ATTENDING CCD IN ST. ANTHONY LAST YEAR? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, then where? \_\_\_\_\_  
 HEALTH ISSUES, SPECIAL NEEDS, ALLERGIES (PLEASE LIST): \_\_\_\_\_

**IN CASE OF AN EMERGENCY, CONTACT (LIST SOMEONE OTHER THAN PARENTS):**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CCD CLASSES BEGIN**  
 September 10<sup>th</sup> at 10 a.m.  
 Mother Julia Hall  
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**HS CONFIRMATION**  
**CLASSES BEGIN**  
 Mother Julia Hall  
 DATE/TIME TO BE  
 ANNOUNCED AT A LATER  
 DATE – STAY TUNED!

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**A Copy of your Child (ren)'s**  
**Baptismal Certificate is Required**  
**to be on file in the Religious**  
**Education Office of St. Anthony**  
**Catholic Church.**  
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**REGISTRATION FEE**

1 Child: \$30  
 2 Children: \$50  
 3+ Children: \$60

Payment  
 Plans  
 Available

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**MANDATORY**  
**PARENT MEETINGS**  
**MOTHER JULIA HALL**  
 TO BE ANNOUNCED AT A  
 LATER DATE – STAY TUNED!  
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**FOR OFFICE USE ONLY**

Baptism Record for  
 Child #1: \_\_\_\_\_  
 Baptism Record for  
 Child #2: \_\_\_\_\_  
 Cash Received: \_\_\_\_\_  
 Check Received: \_\_\_\_\_  
 Balance Due: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_