



RELIGIOUS EDUCATION **PROGRAM**

Preschool through 12th Grade, Sept 26, 2021—May 15, 2022
St. Anthony Parish Registration Form

GENERAL INFORMATION

PARENT CONTACT INFORMATION

Father/Guardian Full Name: _____ Catholic?: _____

Mother/Guardian Full Name: _____ Catholic?: _____

Mother's Maiden Name: _____

Child (ren) live/s with both parents: _____ Father: _____ Mother: _____ Relative: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Cell) _____ Email address: _____

PARISHIONER VERIFICATION

Are you a registered parishioner of St. Anthony Church? _____ Yes _____ No

(If no, we encourage you to register with the parish before registering your child for RE. The registration form is on the front page of our parish website)

STUDENT INFORMATION (Please check the sacraments they have received)

Name	Birth-Date	Grade In Sept	Baptism	Eucharist/Reconciliation	Confirmation
1.					
2.					
3.					
4.					

Expectations for the Program

- **Weekly Sunday classes for the children starting Sun, Sept 26 and finishing around May 15, 2022**
- **Parental support in the home for the child's faith development**
- **Family attendance at Mass**

Parent Involvement

This Program is 100% Volunteer and cannot take place without your help. In which of the following areas would you be able to help?

_____ Be a teacher's aide in one of the classes

_____ I can Sponsor a child (\$10 suggested donation)

_____ I would like to help out with Vacation Bible School in the summer (Teaching, making crafts, food, etc)

Emergency Information

Alternate Emergency Contact Name Relationship to Child Phone Number
(Contact other than parent)

Child's Allergies (foods, medications, etc.) medical conditions or special needs:

I grant permission for my child to participate in classes and activities sponsored by St. Anthony Parish and do hereby release St. Anthony Parish and its representatives from all liability in the event of accidental injury. In the event that I am not readily available, I the natural parent/guardian authorize and consent to all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician. Such treatment will only be taken when advisable by a physician to safeguard my child's health. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached. **I also give permission for my child's photograph to be used in the church or church website for promotion.**

Signature of Parent/Guardian: _____ Date _____

Time on Sundays that you prefer for class: <input type="checkbox"/> 9:15am or <input type="checkbox"/> 12:00pm



Office Use Only:

_____ Fee Received; _____ Date
_____ Check Number
_____ Baptismal Certificate on File
_____ Attendance at CLOW
_____ Attendance at Reconciliation Parent/Child Workshops
_____ Attendance at Eucharist Parent/Child Workshops
_____ Date of First Reconciliation
_____ Date of First Communion
_____ Mass Time

Notes: