ST. ANTHONY RELIGIOUS EDUCATION REGISTRATION 2024-2025

Child's Last Name_____

Are you registered in this parish? yes no
Do you have a new address? yes no
Do you have a new student to the program? yes no

PARENT INFORMATION:

Father's name_____ Religion_____
Address_____ City _____State & Zip _____
Phone number_____ Email address _____

Mother's name_____ Religion_____
Address_____ City _____State & Zip _____
Phone number_____ Email address _____

Child(ren) lives with: mother & father mother father
grandparents legal guardian
Name of person child resides with, if other than a parent_____Phone number_____

CHILD'S INFORMATION:

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's ***baptismal record****, you will need to supply a copy for our files. Thank you.*

Student name	**date of birth**	**gender**	**grade**	**school**
1._____	_____	_____	_____	_____

Sacraments Received: __Baptism __Reconciliation __Eucharist __Confirmation

Student name	**date of birth**	**gender**	**grade**	**school**
2._____	_____	_____	_____	_____

Sacraments Received: __Baptism __Reconciliation __Eucharist __Confirmation

Student name	**date of birth**	**gender**	**grade**	**school**
3._____	_____	_____	_____	_____

Sacraments Received: __Baptism __Reconciliation __Eucharist __Confirmation

Student name	**date of birth**	**gender**	**grade**	**school**
4._____	_____	_____	_____	_____

Sacraments Received: __Baptism __Reconciliation __Eucharist __Confirmation

Please complete the following: ☐ Yes, I (we) have received and reviewed the St. Anthony Religious Education Information handbook for the 2024-25 school year.

PARENT OR GUARDIAN SIGNTURE_____

_____

Tuition : $40.00 per child in grades K, 1, 3, 4, 5, 6. $60.00 per child in gr. 2 (First Communion) and gr. 7 & 8 (Confirmation I and Confirmation II). Confirmation II will have additional fees for retreats.

_____

Office use: Tuition due: $_____ Tuition Pd: $_____ Check # _____ Cash__ Date_____Initial_

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PLEASE FILL OUT MEDICAL CARE FORM ON THE BACK>>>>>>>>>>>>>>>>>>>>