

# St. Anthony Catholic Church Religious Education Registration Form 2017 – 2018

Family's Last Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

What title should mail be addressed? \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City, State, Zip

Emergency Contact (if unable to reach parents) \_\_\_\_\_ (Phone #) \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Include Area Code Include Area Code

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred contact time & method: am/pm  phone \_\_\_\_\_  text \_\_\_\_\_ Please provide e-mail: \_\_\_\_\_  
(Cancellation and other notifications sent via email this year)

Name & address if mail should go to non-custodial parent: \_\_\_\_\_

Name Address

Child's First Name <small>(use last name only if different)</small>	Gender <b>(M or F)</b>	Date of Birth	Grade in School <b>2017-2018</b>	School Attending	Date of Baptism	Place of Baptism <b>Church-City, State</b>	Date of First Eucharist	Place of First Eucharist <b>Church-City, State</b>	First Reconciliation <b>Church-City, State</b>	Baptismal Certificate on File <small>(for Office Use only)</small>

Please specify if child(ren) have any special learning needs: \_\_\_\_\_

Please specify if child(ren) have any special medical needs: \_\_\_\_\_

**PLEASE TURN OVER TO COMPLETE**

\*\*\*PLEASE NOTE\*\*\* A baptismal Certificate must be on file for each child.

