

St. Anthony Catholic Church Religious Education Registration Form 2020 – 2021

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: _____

Child's First Name <small>(use last name only if different)</small>	Gender (M or F)	Date of Birth	Grade in School 2020-2021	<i>Name</i>				<i>Address</i>			Baptismal Certificate on File <small>(for Office Use only)</small>
				School Attending	Date of Baptism	Place of Baptism Church-City, State	Date of First Eucharist	Place of First Eucharist Church-City, State	First Reconciliation Church-City, State		

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.

