



# **RELIGIOUS EDUCATION** **PROGRAM**

**Preschool through 12<sup>th</sup> Grade, Sept 24, 2023—May 19, 2024**  
**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)**

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

# Expectations for the Program

- **Weekly Sunday classes for the children starting Sun, Sept 24 and finishing around May 19, 2023**
- **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:**     9:15am or     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: