ST. ANTHONY RELIGIOUS EDUCATION REGISTRATION 2023-2024

*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 2022-23 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_
_____

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