

## St. Anthony of Padua Religious Education Registration

Welcome to St. Anthony of Padua Religious Education Program. We meet every Sunday from 9-10:20 am; and we have classes for grades K-8.

Registration fee --FAIR SHARE starting at \$40.00 - per student

Sacramental fee – Grade 2 & 8- \$55; grade 7 - \$30.

No child will be denied a religious education due to financial reasons.

### \*Family Information:

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Phone # (indicate (c) or (h)) \_\_\_\_\_ Phone #: (indicate (c) or (h)) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### #1- \*STUDENT INFORMATION:

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

BAPTIZED? YES \_\_\_\_\_ NO: \_\_\_\_\_

IS THIS CHILD PREPARING FOR A SACRAMENT?

FIRST PENANCE AND FIRST COMMUNION \_\_\_\_\_

CONFIRMATION \_\_\_\_\_

NO SACRAMENTS THIS YEAR \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SPECIAL LEARNING NEEDS:

Mental Retardation      ADD/ADHD)    OCD    Bipolar      PDD    Autism/Asperger

Hearing Loss    Deafness      Emotional Disturbance (ANXIETY)    Down syndrome

Speech /Language      Blindness

Physical/Orthopedic Impairments (explain): \_\_\_\_\_

Learning Disabilities (explain): \_\_\_\_\_

Were there any other complicating medical problems noted in your child's last health examination? If so, please specify: \_\_\_\_\_

### #2 - \*STUDENT INFORMATION:

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

BAPTIZED? YES \_\_\_\_\_ NO: \_\_\_\_\_

IS THIS CHILD PREPARING FOR A SACRAMENT?

FIRST PENANCE AND FIRST COMMUNION \_\_\_\_\_

CONFIRMATION \_\_\_\_\_

NO SACRAMENTS THIS YEAR \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SPECIAL LEARNING NEEDS:

Mental Retardation      ADD/ADHD)    OCD    Bipolar      PDD    Autism/Asperger

Hearing Loss    Deafness      Emotional Disturbance (ANXIETY)    Down syndrome

Speech /Language      Blindness

Physical/Orthopedic Impairments (explain): \_\_\_\_\_

Learning Disabilities (explain): \_\_\_\_\_

Were there any other complicating medical problems noted in your child's last health examination? If so, please specify: \_\_\_\_\_

### #3 - \*STUDENT INFORMATION:

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

BAPTIZED? YES \_\_\_\_\_ NO: \_\_\_\_\_

IS THIS CHILD PREPARING FOR A SACRAMENT?  
FIRST PENANCE AND FIRST COMMUNION \_\_\_\_\_  
CONFIRMATION \_\_\_\_\_  
NO SACRAMENTS THIS YEAR \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**SPECIAL LEARNING NEEDS:**

Mental Retardation      ADD/ADHD) OCD    Bipolar      PDD    Autism/Asperger

Hearing Loss    Deafness      Emotional Disturbance (ANXIETY) Down syndrome

Speech /Language      Blindness

Physical/Orthopedic Impairments (explain): \_\_\_\_\_

Learning Disabilities (explain): \_\_\_\_\_

Were there any other complicating medical problems noted in your child's last health examination? If so, please specify: \_\_\_\_\_

**#4 -\*STUDENT INFORMATION:**

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

BAPTIZED? YES \_\_\_\_\_ NO: \_\_\_\_\_

IS THIS CHILD PREPARING FOR A SACRAMENT?

FIRST PENANCE AND FIRST COMMUNION \_\_\_\_\_

CONFIRMATION \_\_\_\_\_

NO SACRAMENTS THIS YEAR \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**SPECIAL LEARNING NEEDS:**

Mental Retardation      ADD/ADHD) OCD    Bipolar      PDD    Autism/Asperger

Hearing Loss    Deafness      Emotional Disturbance (ANXIETY) Down syndrome

Speech /Language      Blindness

Physical/Orthopedic Impairments (explain): \_\_\_\_\_

Learning Disabilities (explain): \_\_\_\_\_

Were there any other complicating medical problems noted in your child's last health examination? If so, please specify: \_\_\_\_\_

**EMERGENCY CONTACT**

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

**PERMISSION:**

DO YOU GIVE PERMISSION FOR YOUR CHILD'S NAME AND IMAGE TO BE INCLUDED IN  
PUBLICITY RELEASES?

YES \_\_\_\_\_

NO \_\_\_\_\_