

# 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 \_\_\_\_\_

### SPECIAL LEARNING NEEDS: (Confidential)

Emotional Disabilities (explain): \_\_\_\_\_  
Physical/Handicap (explain): \_\_\_\_\_  
Learning Disabilities (explain): \_\_\_\_\_  
Other: \_\_\_\_\_

## #2 - \*STUDENT INFORMATION:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BAPTIZED? YES \_\_\_\_\_ NO: \_\_\_\_\_  
IS THIS CHILD PREPARING FOR A SACRAMENT?  
FIRST PENANCE AND FIRST COMMUNION \_\_\_\_\_  
CONFIRMATION \_\_\_\_\_

### SPECIAL LEARNING NEEDS: (Confidential)

Emotional Disabilities (explain): \_\_\_\_\_  
Physical/Handicap (explain): \_\_\_\_\_  
Learning Disabilities (explain): \_\_\_\_\_  
Other: \_\_\_\_\_

## #3 - \*STUDENT INFORMATION:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BAPTIZED? YES \_\_\_\_\_ NO: \_\_\_\_\_  
IS THIS CHILD PREPARING FOR A SACRAMENT?  
FIRST PENANCE AND FIRST COMMUNION \_\_\_\_\_  
CONFIRMATION \_\_\_\_\_

### SPECIAL LEARNING NEEDS: (Confidential)

Emotional Disabilities (explain): \_\_\_\_\_  
Physical/Handicap (explain): \_\_\_\_\_  
Learning Disabilities (explain): \_\_\_\_\_  
Other: \_\_\_\_\_

## #4 - \*STUDENT INFORMATION:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
BAPTIZED? YES \_\_\_\_\_ NO: \_\_\_\_\_  
IS THIS CHILD PREPARING FOR A SACRAMENT?

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

**SPECIAL LEARNING NEEDS: (Confidential)**

Emotional Disabilities (explain): \_\_\_\_\_

Physical/Handicap (explain): \_\_\_\_\_

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

Other: \_\_\_\_\_

**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 \_\_\_\_\_