St Anthony of Padua Catholic Church
Religious Education Registration

Sessions
Grade K-8 - Sundays, 9:00-11:30 A.M. (Includes Mass)

Tuition --FAIR SHARE starting at $40.00 - per student
Sacramental fee – Grade 2 & 8- $55 grade 7 - $30
Ministry Assistance
Religious Education is an ongoing process involving the entire family. We are always In need of assistance. If you are interested in helping out in any of these ways, please contact Patricia Meyer at resap@stanthonylancaster.com

- **Full Time Catechist**
- **Assistant Catechist**
- **Substitute Catechist**
- **Liturgy of the Word for Children, Presenter**
- **Baby sit during meetings**
- **Bake cookies or other items for meetings**

CONTACT INFORMATION:
Registered in this parish? **_____ Yes**
_____No

Last Name **Street 1 _____**
Address **Street 2 _____**
City _____ State _____ Zip _____

Father's Name **_____**
Mother's Name **_____**
Mother's maiden name **_____**

Primary Phone -_____ Secondary Phone _____
Email **_____**
Emergency Contact **_____**
Relationship **_____**
Emergency Phone # **_____**

CHILD 1 (first & last name) **_____**
Birth Date **_____**
Gender **_____ Male** **_____ Female**
Grade **_____** **School _____**
SACRAMENTS COMPLETED
____ Baptism Where: _____
____ Eucharist Where _____
_____ Reconciliation Where: _____
_____ Confirmation Where: _____

CHILD 2 (first & last name) **_____**
Birth Date **_____**
Gender **_____ Male** **_____ Female**
Grade **_____** **School _____**
SACRAMENTS COMPLETED
____ Baptism Where: _____
____ Eucharist Where _____
___ Reconciliation Where: _____
___ Confirmation Where: _____

CHILD 3 (first & last name) **_____**
Birth Date **_____**
Gender **_____ Male** **_____ Female**

Grade _____ **School** _____

SACRAMENTS COMPLETED

____ **Baptism Where:** _____

____ **Eucharist Where** _____

___ **Reconciliation Where:** _____

___ **Confirmation Where:** _____

ADDITIONAL INFORMATION WESHOULD KNOW (SPECIAL NEEDS)

_____

_____

_____

IN THE EVENT OF AN EMERGENCY where medical treatment is required, I request that the parish to contact me or my designate. If this cannot be done, I authorize the parish to call the physician or dentist listed on this form and to follow his/her instructions. If the physician or dentist cannot be reached, the parish may seek medical services that seem necessary. I realize the parish does not assume responsibility for the payment of medical expenses.

In the event emergency treatment is needed, I give the hospital, its authorized personnel and /or physician permission to treat my son/daughter as necessary.

Allergies: _____

Medical problems: _____

Taking Medication: Yes _____ **No** _____

If yes, Type: _____ **Reason**_____

(Medication will be administered at parish only according to current parish policies)

Physician: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Primary Contact: _____

Phone # _____ **cell #** _____

Alternate Contact: _____

Phone # _____ **cell #** _____

Signed (please print): _____

Parent/ Guardian Signature: _____

OR

I DO NOT give my consent for emergency medical treatment of my child. In the event or illness or injury requiring medical treatment, I wish the parish authorities to take no action.

Signed (please print): _____

Parent/ Guardian Signature: _____

Date: _____