

# St. Anthony's Religious Education Program Registration Form

**SCHOOL YEAR – 2025-2026**

Father's full name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Stepparent/Guardian's Name (if applicable): \_\_\_\_\_

Stepparent/Guardian's Address: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Religion: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's first and last name	DOB	Grade	School	Has Child been Baptized? If so, what church?	Has Child made 1 <sup>st</sup> Communion? If so, what church?	Has Child been Confirmed? If so, what church?
1.						
2.						
3.						
4.						
5.						

**Children preparing for either First Communion or Confirmation class will need to have the church of baptism send a certificate of baptism.**

Do any of the children who are enrolling have a physical or learning difficulty? **Yes / No**

Do any of the children have any allergies? **Yes / No**

If yes to any, please give a brief description: \_\_\_\_\_

**I give consent for my cell phone/email address to be added to Flocknote for church related communications.**

**Parent or Guardian Signature:** \_\_\_\_\_ **Email:** \_\_\_\_\_