St. Anthony's Religious Education Program
Registration Form

SCHOOL YEAR – 2026-2027

Father's full name: _____ Religion:_____
Father's Address:_____ Cell Phone:_____
Mother's maiden name:_____ Religion:_____
Mother's Address:_____ Phone:_____
Stepparent/Guardian's Name (if applicable): _____ Religion:_____
Stepparent/Guardian's Address: _____ Phone:_____
Child resides with: _____

Child's first and last name	**DOB**	**Grade**	**School**	**Has Child been Baptized? If so, what church?**	**Has Child made 1st 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:**_____