

Saint Anthony of Padua  
Faith Formation Program  
Pre-K Through 5<sup>th</sup> Grade  
2024-2025 Registration

Today's Date: \_\_\_\_\_

Parish Reg. #: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Family E-mail address: \_\_\_\_\_

Child's Last Name *(if different)*: \_\_\_\_\_

Male / Female *(Circle One)*

Child's First & Middle Name: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Baptism Date & Place:	First Communion Date & Place:	Confirmation Date & Place

Home/Mailing Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ Zip \_\_\_\_\_

To whom and with what title should mail be addressed? \_\_\_\_\_

**PHONE NUMBERS** *(2 NUMBERS OR MORE REQUIRED)*

Home Phone#: \_\_\_\_\_ Mother's Work#: \_\_\_\_\_ Father's Work#: \_\_\_\_\_

Students Cell#: \_\_\_\_\_ Mother's Cell#: \_\_\_\_\_ Father's Cell#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_

Birth Fathers Name: _____	
Religion: _____	Catholic Sacraments <i>(Circle all received)</i> : Baptism / Eucharist / Confirmation / Marriage
Birth Mother's Name: _____	Maiden Name: _____
Religion: _____	Catholic Sacraments <i>(Circle all received)</i> : Baptism / Eucharist / Confirmation / Marriage
Stepfather's Name: _____	Phone#: _____
<i>(If applicable)</i>	
Religion: _____	Catholic Sacraments <i>(Circle all received)</i> : Baptism / Eucharist / Confirmation / Marriage
Stepmother's Name: _____	Phone#: _____
<i>(If applicable)</i>	
Religion: _____	Catholic Sacraments <i>(Circle all received)</i> : Baptism / Eucharist / Confirmation / Marriage

**PLEASE CHECK ALL THAT APPLY, CHILD LIVES WITH:**

2 parents at home ____	Mother Deceased ____	Father Deceased ____	Child(ren) with Mom ____	Child(ren) with Dad ____
*Divorced/Separated ____	Mom has remarried ____	Dad has remarried ____	Child(ren) with adult other than parent ____	

\*Children of divorced parents must provide a copy of the court-certified custody section in the divorce decree. This is required to protect custodial rights of the parent.

**PLEASE CIRCLE ALL THAT APPLY:**

Does your child have any special Educational or Behavioral needs? Yes or No

Does your child have an IEP (Individual Education Plan) at school? Yes or No

Is your child adopted? \*Yes or No (\*If yes, adoption papers are required)

Does your child have allergies and/or take any prescribed medication? \*Yes or No

\*If yes, please describe: \_\_\_\_\_

What grade will your child be starting this September 2024: \_\_\_\_\_ Child's age: \_\_\_\_\_ School: \_\_\_\_\_

CLASS TYPE:	(PLEASE CIRCLE ONE SELECTION FOR EACH PREFERENCE)	
<b>1<sup>st</sup> Preference</b>	SUN	8:15 AM - 9:45 AM / 11:15 AM - 12:45 PM
	TUES / WED	4:00 PM - 5:30 PM
<b>2<sup>nd</sup> Preference</b>	SUN	8:15 AM - 9:45 AM / 11:15 AM - 12:45 PM
	TUES / WED	4:00 PM - 5:30 PM
<b>3<sup>rd</sup> Preference</b>	SUN	8:15 AM - 9:45 AM / 11:15 AM - 12:45 PM
	TUES / WED	4:00 PM - 5:30 PM

**ONCE CLASSES BEGIN, THERE WILL BE NO REFUNDS!**

\*Parent/Guardian Signature: \_\_\_\_\_

\*If you are not the parent or guardian, you must have a Parent Consent Letter for registration into our religious education classes.

<p><b><u>OFFICE USE ONLY</u></b></p> <p>Pre-K (3)    Pre-K (4)    Pre-K (5)    1<sup>st</sup> Year Prep    2<sup>nd</sup> Year Prep    Formation</p> <p>Baptismal Cert. ____    Birth Cert. ____    Custody Documents ____    Adoption Documents ____</p> <p>Class Day &amp; Class Time: _____    Teacher: _____</p> <p>Class Type: _____    DATE REGESTIERED: ____ / ____ / ____</p>	<p>Total Due: _____</p> <p>Payment: _____</p> <p>Type: _____</p> <p>Check#: _____</p> <p>Balance: _____</p>
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