

**Saint Anthony of Padua
Faith Formation Program
3yrs old - 5th Grade
2026-2027 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#: _____

Work Phone#: _____ 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 2026: _____ Child's age: _____ School: _____

CLASS TYPE:	(PLEASE CIRCLE ONE SELECTION FOR EACH PREFERENCE)	
1 st Preference	SUN	8:15 AM - 9:45 AM / 11:15 AM - 12:45 PM
	TUES / WED	4:30pm - 6:00pm
2 nd Preference	SUN	8:15 AM - 9:45 AM / 11:15 AM - 12:45 PM
	TUES / WED	4:30pm - 6:00pm
3 rd Preference	SUN	8:15 AM - 9:45 AM / 11:15 AM - 12:45 PM
	TUES / WED	4:30pm - 6:00pm

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.

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