

**Saint Anthony of Padua
Faith Formation Program
Middle School & High School
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: _____

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.

OFFICE USE ONLY

Pre-K (3) Pre-K (4) Pre-K (5) 1st Year Prep 2nd Year Prep Formation
Baptismal Cert. _____ Birth Cert. _____ Custody Documents _____ Adoption Documents _____
Class Day & Class Time: _____ Teacher: _____
Class Type: _____ DATE REGESTIERED: ____/____/____

Total Due: _____
Payment: _____
Type: _____
Check#: _____
Balance: _____