

SAINT ANTHONY PARISH - RELIGIOUS EDUCATION PROGRAM
2009-2010 Registration form
Cost is \$85 for first student, \$80 for each additional student – to be paid on Sept. 2009
Please Review, Correct or Add information

Family Last Name: _____ e-mail: _____
Home Phone: _____ Cell Phone: _____
Mailing Address: _____
City St Zip
Street Address: _____
City St Zip
Emergency Contact: _____
Name Telephone #

Parent/Guardian Information

Father: _____
Last name First name
Religion: _____ Occupation: _____ Business Phone: _____
Mother: _____
Last name First name
Religion: _____ Occupation: _____ Business Phone: _____
Student lives with: _____ Both parents _____ Mother _____ Father _____ Other

Student(s) Information

#1 Child: _____
Last name First name
Date of Birth: _____ Present School _____ Present Grade _____
Baptized: Yes No Location of Baptism: _____ Certificate Attached: Yes No
#2 Child: _____
Last name First name
Date of Birth: _____ Present School _____ Present Grade _____
Baptized: Yes No Location of Baptism: _____ Certificate Attached: Yes No
#3 Child: _____
Last name First name
Date of Birth: _____ Present School _____ Present Grade _____
Baptized: Yes No Location of Baptism: _____ Certificate Attached: Yes No

Please note if there are any physical or academic challenges we should be aware regarding your child:

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ARTICLES IN THE PARENT/STUDENT HANDBOOK INCLUDING PUBLICATION OF PHOTOS AND DIRECTORY INFORMATION .

Parents Signature _____ Date: _____