

***St Anthony of Padua Catholic Church***  
***Religious Education Registration***

Grade K-8 - Sundays, 9:00-11:30 A.M. (Includes Mass)

**Tuition** --FAIR SHARE starting at \$35.00 - per student  
Sacramental fee – Grade 2 & 8- \$50                      grade 7 - \$25

**Ministry Assistance**

Religious Education is an ongoing process involving the entire family. We are always in need of assistance. If you are interested in helping out in any of these ways, please contact Patricia Meyer at [resap@stanthonylancaster.com](mailto:resap@stanthonylancaster.com)

- Full Time Catechist
- Assistant Catechist
- Substitute Catechist
- Liturgy of the Word for Children, Presenter
- Baby sit during meetings

**CONTACT INFORMATION:**

Update? \_\_\_\_\_ None of my information has changed.  
(Required) \_\_\_\_\_ Info, address, phone email, etc. changed since last year.

Registered in this parish? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Last Name \_\_\_\_\_ Street 1 \_\_\_\_\_  
Address \_\_\_\_\_ Street 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Mother's maiden name \_\_\_\_\_

Primary Phone - \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_

**CHILD 1** (first & last name) \_\_\_\_\_

Birth Date \_\_\_\_\_  
Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Grade \_\_\_\_\_ School \_\_\_\_\_

**SACRAMENTS COMPLETED** \_\_\_\_\_  
\_\_\_\_\_ Baptism Where: \_\_\_\_\_  
\_\_\_\_\_ Eucharist Where \_\_\_\_\_  
\_\_\_\_\_ Reconciliation Where: \_\_\_\_\_  
\_\_\_\_\_ Confirmation Where: \_\_\_\_\_

**CHILD 2** (first & last name) \_\_\_\_\_

Birth Date \_\_\_\_\_  
Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Grade \_\_\_\_\_ School \_\_\_\_\_

**SACRAMENTS COMPLETED** \_\_\_\_\_  
\_\_\_\_\_ Baptism Where: \_\_\_\_\_  
\_\_\_\_\_ Eucharist Where \_\_\_\_\_  
\_\_\_\_\_ Reconciliation Where: \_\_\_\_\_  
\_\_\_\_\_ Confirmation Where: \_\_\_\_\_

**CHILD 3** (first & last name) \_\_\_\_\_

**Birth Date** \_\_\_\_\_  
**Gender** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female**  
**Grade** \_\_\_\_\_ **School** \_\_\_\_\_  
**SACRAMENTS COMPLETED**  
 \_\_\_ **Baptism** **Where:** \_\_\_\_\_  
 \_\_\_ **Eucharist** **Where** \_\_\_\_\_  
 \_\_\_ **Reconciliation** **Where:** \_\_\_\_\_  
 \_\_\_ **Confirmation** **Where:** \_\_\_\_\_

**CHILD 4** (first & last name) \_\_\_\_\_  
**Birth Date** \_\_\_\_\_  
**Gender** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female**  
**Grade** \_\_\_\_\_ **School** \_\_\_\_\_  
**SACRAMENTS COMPLETED**  
 \_\_\_ **Baptism** **Where:** \_\_\_\_\_  
 \_\_\_ **Eucharist** **Where** \_\_\_\_\_  
 \_\_\_ **Reconciliation** **Where:** \_\_\_\_\_  
 \_\_\_ **Confirmation** **Where:** \_\_\_\_\_

**ADDITIONAL INFORMATION WE SHOULD KNOW (SPECIAL NEEDS)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY** where medical treatment is required, I request that the parish to contact me or my designate. If this cannot be done, I authorize the parish to call the physician or dentist listed on this form and to follow his/her instructions. If the physician or dentist cannot be reached, the parish may seek medical services that seem necessary. I realize the parish does not assume responsibility for the payment of medical expenses.

In the event emergency treatment is needed, I give the hospital, its authorized personnel and /or physician permission to treat my son/daughter as necessary.

**Allergies:** \_\_\_\_\_

**Medical problems:** \_\_\_\_\_

**Taking Medication:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, **Type:** \_\_\_\_\_ **Reason** \_\_\_\_\_

(Medication will be administered at parish only according to current parish policies)

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **cell #** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **cell #** \_\_\_\_\_

**Signed (please print):** \_\_\_\_\_

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

**OR**

**I DO NOT** give my consent for emergency medical treatment of my child. In the event or illness or injury requiring medical treatment, I wish the parish authorities to take no action.

**Signed (please print):** \_\_\_\_\_

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

**Date:** \_\_\_\_\_