

DATE \_\_\_\_\_

Amount Paid \_\_\_\_\_

Balance Due \_\_\_\_\_

Cash \_\_\_\_\_

Check # \_\_\_\_\_ Initials \_\_\_\_\_

**St. Patrick - St. Anthony Church**

**Religious Education Office**

**756-4034 x116**

**Traditional Program - Registration Form**

**2018-2019**

**Please PRINT Clearly!**

**LAST NAME OF STUDENTS:** \_\_\_\_\_

**PARENTAL/GUARDIAN INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**IMPORTANT - MANDATORY information:**

**Phone and Name in case of emergency:** \_\_\_\_\_

**1ST STUDENT INFORMATION**

Name \_\_\_\_\_ School Grade-Sept 2018 \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_\_

**Were Sacraments Received? Where?**

Baptism Yes No this parish or Name/Location of other Church \_\_\_\_\_

Penance Yes No this parish or Name/Location of other Church \_\_\_\_\_

Eucharist Yes No this parish or Name/Location of other Church \_\_\_\_\_

Confirmation Yes No this parish or Name/Location of other Church \_\_\_\_\_

**Special Considerations:** Please be as specific as you can. (e.g. learning disability, special needs, medical info., food allergies, etc.) This confidential information will be limited to teacher and administrators. \_\_\_\_\_

**2ND STUDENT INFORMATION**

Name \_\_\_\_\_ School Grade-Sept 2017 \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_\_

**Were Sacraments Received? Where?**

Baptism Yes No this parish or Name/Location of other Church \_\_\_\_\_

Penance Yes No this parish or Name/Location of other Church \_\_\_\_\_

Eucharist Yes No this parish or Name/Location of other Church \_\_\_\_\_

Confirmation Yes No this parish or Name/Location of other Church \_\_\_\_\_

**Special Considerations:** Please be as specific as you can. (e.g. learning disability, special needs, medical info., food allergies, etc.) This confidential information will be limited to teacher and administrators. \_\_\_\_\_

Please attach additional forms for more children if necessary.  
All programs meet in the Franciscan Center for Urban Ministry.  
The tuition/materials fee is \$55.00 per child with a maximum family fee of \$200.00.  
Please make checks payable to St. Patrick-St. Anthony Church.  
Turn over for Programs and session options.

**TRADITIONAL CLASSROOM PROGRAM** This Program includes students from Grades 1 through 6. Please ***circle*** the session that will work for your family

STUDENT NAMES

**Session I**    Sundays    9:00–9:50 a.m.

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**Photographic and/or Video Recording devices may be used at any church event/Mass or during any class session and could be used for publicity or historical purposes in a print or web based media outlet (i.e. church website or Facebook). In order to protect the privacy of the children and youth attending event/Mass/classes, parents/legal guardians are asked to select the appropriate permission level below. (Please check the one which applies)**

- I grant permission to use photos of my child/children, with name, on church website & social media.**
- I grant permission to use photos of my child/children, w/o name, on church website & social media.**
- I DO NOT give permission to use photos of my child/children.**

Each year many feel a calling to teach our children in the Traditional Program. They give their time and hearts and make a tremendous impact in the lives of so many. We are looking for Catechists to join the program for the year. Classes meet every Sunday with the exception of the first Sunday of the month. There are approximately twenty, fifty minute classes from October through April.

- I would be willing to serve as a Catechist in the fall
  - I would be willing to “job share” for a class in the fall
  - I would be willing to serve as a substitute in the fall
- I am interested in grade \_\_\_\_\_
- I am available for Session \_\_\_\_\_

**Thank you in advance for all you do for the Saint Patrick Saint Anthony Community**