

DATE \_\_\_\_\_

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

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

Cash \_\_\_\_\_

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

**St. Patrick - St. Anthony Church  
Religious Education Office  
756-4034 x116**

**Family 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.

## Family Program

This Program includes all members for the family from infancy through adulthood, including parents.

Classes are the 1<sup>st</sup> Sunday of each month from October through May from 9 am – 12:30 pm.

### Name ALL Participants and the Ages of All Children

Name:	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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.**