



**Saint Anthony of Padua
Faith Formation Program
Pre-K Through 12th Grade
2025-2026 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 Circle No/Yes Date & Place:	First Communion Circle No/Yes Date & Place:	Confirmation Circle No/Yes 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#: _____

Student's Cell#: _____ Mother's Cell#: _____ Father's Cell#: _____

Student's Email: _____ Mother's Email: _____ Father's Email: _____

Emergency Contact Name: _____ Relationship to Child: _____ Phone#: _____

Birth Fathers Name: _____ Religion: _____ Catholic Sacraments (Circle all received) : Baptism / Eucharist / Confirmation / Marriage
Birth Mother's Name: _____ Maiden Name: _____ Religion: _____ Catholic Sacraments (Circle all received) : Baptism / Eucharist / Confirmation / Marriage
Stepfather's Name: _____ Phone#: _____ <i>(If applicable)</i> Religion: _____ Catholic Sacraments (Circle all received) : Baptism / Eucharist / Confirmation / Marriage
Stepmother's Name: _____ Phone#: _____ <i>(If applicable)</i> Religion: _____ Catholic Sacraments (Circle all received) : 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 August : _____ Child's age: _____ School: _____

CLASS TYPE			(PLEASE CIRCLE ONE SELECTION FOR EACH PREFERENCE)
1st Preference	SUN	8:15 AM - 9:45 AM / 11:15 AM - 12:45 PM	
	TUES / WED	4:00 PM - 5:30 PM	
2nd Preference	SUN	8:15 AM - 9:45 AM / 11:15 AM - 12:45 PM	
	TUES / WED	4:00 PM - 5:30 PM	
3rd Preference	SUN	8:15 AM - 9:45 AM / 11:15 AM - 12:45 PM	
	TUES / WED	4:00 PM - 5:30 PM	

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								Total Due: _____	
Pre-K (3)	Pre-K (4)	Pre-K (5)	Kinder	1st Year Prep	2nd Year Prep	Formation	6th Grade Conf I 7th/8th Conf II	Payment: _____	
Baptismal Cert. _____		Birth Cert. _____		Custody Documents _____		Adoption Documents _____		Type: _____	
Permission Affidavit _____				Class Day & Class Time: _____				Teacher: _____	Check#: _____
Class Type: _____				DATE REGESTIERED: ____ / ____ / ____				Balance: _____	