

**St. Anthony of Padua Catholic Church  
Religious Education  
Registration Form  
Grades Kinder-12<sup>th</sup>  
2019-2020**

**Religious Education  
Classes Begin  
September 8, 2019**

**A copy of your child(ren)'s  
Baptismal Certificate is Required  
to be on file in the Religious  
Education Office of St. Anthony  
Catholic Church**

**Registration  
Requested  
Donation**

1 Child: \$25  
2 Children: \$40  
3+ Children: \$50

Please PRINT CLEARLY when completing this form and return with donation!

**PARENT/GUARDIAN INFORMATION**

<b>Father/Guardian:</b>	<b>Mother/Guardian:</b>
Full Name (as on birth certificate):	Full Name (as on birth certificate w/ maiden name):
Phone Number:	Phone Number:
DOB & Place of Birth:	DOB & Place of Birth:
E-mail Address:	E-mail Address:
Address:	Address:
City, ZIP, State	City, ZIP, State

**STUDENT INFORMATION**

<b>Child #1</b>			<b>Child #2</b>		
Full Name (as on birth certificate):			Full Name (as on birth certificate):		
Gender: __ Female __ Male	DOB:	City & State of Birth:	Gender: __ Female __ Male	DOB:	City & State of Birth:
School Attending:	Grade Level:		School Attending:	Grade Level:	
Check all Sacraments Received: __ Baptism __ First Confession __ First Communion			Check all Sacraments Received: __ Baptism __ First Confession __ First Communion		
Name of Church of Baptism/City/State: _____			Name of Church of Baptism/City/State: _____		
Did child attend RE at St. Anthony Last year? If no, where? __ Yes __ No, _____			Did child attend RE at St. Anthony Last year? If no, where? __ Yes __ No, _____		
Health Issues, Special Needs, Allergies, etc. (Please List):			Health Issues, Special Needs, Allergies, etc. (Please List):		

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

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

STUDENT INFORMATION					
Child #3			Child #4		
Full Name (as on birth certificate):			Full Name (as on birth certificate):		
Gender: __Female __Male	DOB:	City & State of Birth:	Gender: __Female __Male	DOB:	City & State of Birth:
School Attending:		Grade Level:	School Attending:		Grade Level:
Check all Sacraments Received: __ Baptism __ First Confession __ First Communion			Check all Sacraments Received: __ Baptism __ First Confession __ First Communion		
Name of Church of Baptism/City/State: _____			Name of Church of Baptism/City/State: _____		
Did child attend RE at St. Anthony Last year? If no, where? __ Yes __ No, _____			Did child attend RE at St. Anthony Last year? If no, where? __ Yes __ No, _____		
Health Issues, Special Needs, Allergies, etc. (Please List):			Health Issues, Special Needs, Allergies, etc. (Please List):		

PICK-UP AUTHORIZATION		
Please list below those who are authorized by you to pick-up your child from class:		
1. Name:	Phone:	Relationship to child:
2. Name:	Phone:	Relationship to child:

EMERGENCY CONTACT INFORMATION	
Emergency Contact #1:	Emergency Contact #2:
Full Name:	Full Name:
Phone Number:	Phone Number:
Relation to the Child(ren):	Relation to the Child(ren):

PHOTOGRAPHY CONSENT		
As parent/guardian, I understand that photos and video (individual and group) will be taken during Religious Education classes and events, and I give my consent for my child/children's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the Religious Education events.		
Name (Print):	Signature:	Date:

LIABILITY WAIVER		
I agree on behalf of myself, my child(ren)'s other parent if known or living (name of parent) _____, my child(ren) named herein, or our heirs, successors, and assigns, to release and hold harmless and defend the Diocese of Corpus Christi, the sponsoring parish (its pastor, youth minister, principal, volunteers, other agents, etc.) or any representatives associated with the scheduled activity from all damages, claims, suits, expenses and payments for injury to my child and/or property, including all damages, claims, suits, expenses, and payments resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, volunteers, and employees.		
Name (Print):	Signature:	Date:

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

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