



ST. ANTHONY/ST. PATRICK RELIGIOUS EDUCATION REGISTRATION FORM 2020-2021

Family Name: _____

Address: _____

Primary Phone: _____ Email: _____

Mother's Name: _____ Phone: _____ Catholic Yes No

Father's Name: _____ Phone: _____ Catholic Yes No

Children(ren) Live with: Both Parents Mother Father

Additional Guardian Name: _____ **Phone:** _____

Address: _____

Email: _____

Parish of Registration

St. Anthony

St. Patrick

Other _____

Child's Name (First/Middle/Last): _____

Gender: M F Grade: _____ Age: _____ Birthdate: _____

School Attending: _____

Sacrament: Baptism _____ Catholic: Yes No
Place and date if known

Eucharist _____
Place and date if known

Penance
Special Needs or Allergies: _____

Child's Name (First/Middle/Last): _____

Gender: M F Grade: _____ Age: _____ Birthdate: _____

School Attending: _____

Sacrament: Baptism _____ Catholic: Yes No
Place and date if known

Eucharist _____
Place and date if known

Penance
Special Needs or Allergies: _____

Child's Name (First/Middle/Last): _____

Gender: M F Grade: _____ Age: _____ Birthdate: _____

School Attending: _____

Sacrament: Baptism _____ Catholic: Yes No
Place and date if known

Eucharist _____
Place and date if known

Penance

Special Needs or Allergies: _____

My child(ren) will be attending in person Faith Formation Classes

I am registering my child(ren) to receive material for homeschool education and therefore choosing not to attend in person instruction.

Emergency contact other than parents: _____

Relationship to child(ren): _____ Phone: _____

If a child was baptized at a location other than St. Anthony, Oconto Falls or St. Patrick, Stiles, a copy of the child's baptismal certificate is required.