

Today's Date: _____

OFFICE USE: ID #: _____ Envelope #: _____

Please check one: **New Parishioner** **Current Parishioner Updating Information** **R. E. New / Returning**

St. Anthony de Padua Catholic Church

Parish Registration Form – Please Print

All correspondence will be addressed to the following name(s):

Mr. /Mrs. **Mr.** **Mrs.** **Ms.** **Miss** _____

Street Address: _____ [Last Name] [Head of Household First Name(s)]
P.O. Box/Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone: (cell) _____ (home) _____ E-Mail: _____

Spouse: (cell) _____ Spouse E-Mail: _____

CHURCH ATTENDANCE: Regular Occasional Never

MARITAL STATUS: Catholic Church Marriage Non-Catholic Church Marriage Justice of the Peace

(Please check one) Married Single Divorced Separated Widowed

MEMBER INFORMATION

	Head	Spouse	Child	Child	Child	Child	Other
First Name							
Last Name							
Gender							
Marital Status							
Religion							
Special Needs							
Language(s) Spoken							
Occupation							
Business Phone							
Student Grade (Children)							
Birth Date							

SACRAMENTS RECEIVED:

Baptism Catholic	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Non-Catholic	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Date (if known)							
First Communion	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Date (if known)							
Reconciliation/ Confession	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Date (if known)							
Confirmation	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Date (if known)							
Marriage	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	<input type="checkbox"/> (Y) <input type="checkbox"/> (N)
Date							

What type of parish activity or ministry do you have an interest in? _____

Ministries I am interested in volunteering for: _____

I would like to receive offertory envelopes: YES NO **Please note it may take up to 8 weeks to receive**

St. Anthony de Padua

Religious Education Registration

Term: **2020-2021**

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father's Name: _____ Father's Cell / Work: _____

Mother's Name: _____ Mother's Cell / Work: _____

Mother's Maiden: _____ Email Address: _____

Home Phone: _____ **Emergency Contact:** _____

Home Address: _____ Emergency Phone: _____

City, ST Postal _____ Both Parents Catholic? Yes / No

STUDENT #1 INFORMATION

Child Name _____ **Catholic?** Yes / No

Gender: Male / Female **Sacrament Details** Check & Date All Below

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Penance: _____

Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name _____ **Catholic?** Yes / No

Gender: Male / Female **Sacrament Details** Check & Date All Below

Birth Date: _____ Baptism: _____

Grade: _____ Eucharist: _____

Session: _____ Penance: _____

Class: _____ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____

Tuition PAID: \$ _____

Signature: _____

St. Anthony de Padua

Religious Education Registration

Term: 2020-2021

Additional Students

STUDENT #3 INFORMATION

Child Name _____

Catholic? Yes / No

Gender: Male / Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Penance: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 INFORMATION

Child Name _____

Catholic? Yes / No

Gender: Male / Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Penance: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #5 INFORMATION

Child Name _____

Catholic? Yes / No

Gender: Male / Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Penance: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

Faith Formation Family Registration 2020-2021

Names of child (children): _____ Date: _____

Family Name: _____

Family Home Address: _____ Zip Code: _____

Parent's First & Last Name: _____

Parent's Home#: _____ Parent's Work#: _____

Parent's Cell#: _____ Text: Yes _____ No _____

Home email address: _____

Work email address: _____

Parent's Language: _____ English _____ Spanish _____ Bilingual _____ Other _____

Would you like to volunteer? Yes _____ No _____

Parent's First & Last Name: _____

Parent's Home#: _____ Parent's Work#: _____

Parent's Cell#: _____ Text: Yes _____ No _____

Home email address: _____

Work email address: _____

Parent's Language: _____ English _____ Spanish _____ Bilingual _____ Other _____

Would you like to volunteer? Yes _____ No _____

Student(s) Lives with: _____ Parent _____ Parent _____ Both _____ Other _____

How many years in Religious Education classes? _____ What Parish: _____

What school does your child attend? _____ Grade: _____

2 Emergency Contacts (other than Parents):

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Medical Release Statement

My child is in the care of **St. Anthony de Padua Catholic Church** for the purpose of Faith Formation program and children/youth ministry. I am giving medical permission and consent to treat. To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

If you are unable to reach me, please contact: _____

Relationship to me or my son/daughter: _____

Primary Phone: () _____ Alternate Phone: () _____

Child Name: _____

My child is allergic to the following: _____

My child's immunizations are current and up to date: Yes _____ No _____

My child has the following limitations: _____

My child is taking the following medications: _____

Child Name: _____

My child is allergic to the following: _____

My child's immunizations are current and up to date: Yes _____ No _____

My child has the following limitations: _____

My child is taking the following medications: _____

Child Name: _____

My child is allergic to the following: _____

My child's immunizations are current and up to date: Yes _____ No _____

My child has the following limitations: _____

My child is taking the following medications: _____

Child Name: _____

My child is allergic to the following: _____

My child's immunizations are current and up to date: Yes _____ No _____

My child has the following limitations: _____

My child is taking the following medications: _____

Insurance Carrier: _____ **Policy Number:** _____

Parent/Guardian Signature

Date

2020-2021

Photo/Video Release

We will be taking pictures and video of children/youth ministry during parish activities and events. There will be used for the purpose of promoting Faith Formation and/or children/youth ministry programs at St. Anthony de Padua Catholic Church.

Child: _____

_____ **Yes**, pictures & video **May** be taken of my child.

_____ **No**, Pictures & video **May Not** be taken of my child.

Child: _____

_____ **Yes**, pictures & video **May** be taken of my child.

_____ **No**, Pictures & video **May Not** be taken of my child.

Child: _____

_____ **Yes**, pictures & video **May** be taken of my child.

_____ **No**, Pictures & video **May Not** be taken of my child.

Child: _____

_____ **Yes**, pictures & video **May** be taken of my child.

_____ **No**, Pictures & video **May Not** be taken of my child.

Parent/Guardian Liability Waiver

I grant permission for my child to participate in Faith Formation or children/youth ministry events under the guidance and direction of employees and/or volunteers from St. Anthony de Padua Catholic Church. As parent/legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child, our heirs, successors, and assign to hold harmless and defend **St. Anthony de Padua Catholic Church**, its staff, volunteers, and the Archdiocese of San Antonio from any liability for illness, injury, or death arising from or in connections with my child attending Faith Formation or children/youth ministry events.

Parent/Guardian Signature

Date

2020-2021