Saint Anthony Catholic Church

317 West 7th Street, Laurel, MT 59044

Religious Education Registration 2025 - 2026

Please return completed Registration and Health Information Forms by September 21. Classes begin September 24.

Father's Name:						Religion:					
Address							Work:				
City/State/Zip						Cell:					
						Email:	:				
Mother's Name						Religion:					
Address						Home Ph:	Work:				
City/State/Zip						Cell:					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Email:					
Preferred contact na		_	ass hou	rs:							
I am available to help during class hours						Yes	No				
I have completed Diosesan Safe Environment Training						Yes	No				
List ALL children in household (include infants).							CHECK Sacraments Received				
Name	Birthdate	Grade	٨σ٥	Gender M/F	Wadnes	day Class	Baptism	Penance	Eucharist	Confirmation	
Name	Birtiluate	Grade	Age	IVI/F	Yes	No	Барцып	Penance	Eucharist	Commination	
					Yes	No	+				
		 	,		Yes	No	+				
		 		1	Yes	No	1	 	 		
		+			Yes	No	+				
					Yes	No	+				
					Yes	No	+				
					Yes	No	+				
Registration Fees: \$3	 30 per child /	\$75 per	family	<u> </u>	Payment:	Check N	 lumber	<u> </u>	Cash		
* Scholarships av				who wo				fund pleas		he office.	
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Safe Environment Tra	_			.	n in the Cefe	. Fassina a a	ant Tuaining				
	I give my permission for participation in the Safe Environment Training program for this school year as mandated by the Diocese of Great Falls/Billings.										
	I do not give my permission for participation in the Safe Environment Training program.										
	(This require								. • 6		
<u>Photo Release</u>											
YesNo	I give my permission for photos to be taken of my child/children this school year.										
Parents who elect to children. Please con	_			=	_	-	-		_		