

Saint Anthony Church
Religious Education
Registration Form 2025-2026

Family Name: _____	E-Mail: _____
Address: _____	Zip: _____
Father's Name: _____	Religion: _____
Mother's Name: _____	Religion: _____
Father's Phone: _____	Mother's Phone: _____

Please list children you would like enrolled in the program and sacraments they have **already** received (Baptism, 1st Reconciliation, 1st Communion). ***Please provide a copy of your child's Sacramental Certificates.***

	Grade in		August:	
1. Child: _____	DOB: _____			School: _____

Sacraments (include place and date):

	Grade in		August:	
2. Child: _____	DOB: _____			School: _____

Sacraments (include place and date):

	Grade in		August:	
3. Child: _____	DOB: _____			School: _____

Sacraments (include place and date):

	Grade in		August:	
4. Child: _____	DOB: _____			School: _____

Sacraments (include place and date):

If you have more children, **God Bless You...**and continue on back.

Photo and Video Consent Form 2025-2026

During Religious Education and Youth Ministry events, we sometimes take pictures and/or video of students. We would like to use these photos and/or videos for the following, but not limited to: flyers, parish and/or diocesan publications, parish website, youth ministry social medias, etc.

In order to do this, we need both students' and parents' consent. We will not use the last names of any individual whose photos or videos are posted.

I/We, parent(s) of (student's name) _____, authorize and give full consent, without limitation or reservation, to Saint Anthony Parish to publish any photographs or videos in which the above-named student and/or pictures or videos of his/her parent(s) or grandparent(s) appears while participating in any program with Saint Anthony activities. There will be no compensation for use of any photographs at the time of publication or in the future.

Student Name: *(Please Print)* _____

Student Signature: _____ Date: _____

Student Name: *(Please Print)* _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

If there are concerns about photos and/or videos posted, please contact the parish office.

For Office Use:

Fee Paid: _____

St. Anthony Student Emergency Form 2025 – 2026

Please Print:

Student's Name: _____ Date of Birth: _____
Last First

Address (include zip): _____

Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Email Address: _____

Names of two (2) people who can be reached in an emergency and can care for your child if we are unable to reach you.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

In case of accident or serious illness, I request Saint Anthony Church to contact me. If I cannot be reached, I hereby authorize my child's teacher to call the doctor or dentist indicated below and to follow his/her instructions. If it is impossible to contact this doctor or dentist, they may make whatever arrangements deemed necessary.

Signature of Parent or Guardian: _____

Please Print Name: _____

Date: _____

Allergies: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Insurance Name

Plan Number:
