

Family Envelope # \_\_\_\_\_

**St. Anthony of Padua Church - Faith Formation Program Registration (2025-2026)**  
**New / Returning Student (Circle One)**

**Grade for 2025/2026:**  1  2  3  4  5  6  7  8  9

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: (MM/DD/YY) \_\_\_\_\_ Grade in school: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Home** Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City of Baptism: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

**(A baptismal certificate is needed if not baptized at St. Anthony of Padua Church)**

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Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Are parents married? Yes      No      If "No", please check one:

\_\_\_\_\_ divorced      \_\_\_\_\_ separated      \_\_\_\_\_ never married      \_\_\_\_\_ remarried      \_\_\_\_\_ Widow/er

Name of person responsible for bringing child to weekly Mass: \_\_\_\_\_

**Transferring students only:** Name of parish student was attending CCD \_\_\_\_\_

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Name of child(ren) in CCD program      Date of Birth      Grade Completed Last Year

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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Registration fee is \$40.00 for one child, for families with 2 children the fee is \$70 and families with 3 or more children the fee is \$25.00 per child .

Number of children in Faith Formation: \_\_\_\_\_

Total Fee for all Children: \_\_\_\_\_

Total Amount enclosed (**for office use only**): \_\_\_\_\_

# Emergency Contact Form

Please keep the Faith Formation office and your child's catechist aware of any special needs your child may have. This may include things such as allergies, medical conditions, educational plans (or other things that may cause concern). Specify your child's name and any concerns below and please keep us informed of any changes throughout the year.

**In case of emergency, please list the individuals that should be contacted:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_