

St. Anthony Parish – Religious Education Registration
172 Belmont St Manchester, New Hampshire 03103 (603) 625-6409

Student's Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ email address: _____

Father's Name: _____ Address: _____

Mother's **Maiden** Name _____ Address: _____

In case of emergency, please contact: (other than parent or guardian): _____

Relationship: _____ Address: _____ Cell Phone: _____

Are you a registered parishioner of St Anthony? yes / no If no, where are you registered? _____

Name of school attending: _____ Grade: _____

Please fill in the appropriate information for the Sacrament that your son/daughter has received:

Sacrament	DATE MM/DD/YYYY	Church/Address
Baptism:	_____	_____
First Eucharist:	_____	_____
First Penance:	_____	_____

Does your son/daughter have any allergies, and or medical or behavioral problems that would be helpful for our teachers to know in dealing with your child? Yes / No If yes, What:

Does your child take any medication we should know about? Yes / no If yes what:

Is there anything else we should know about your son/ daughter that would make him/her experience our confirmation program better?

If you are new in the program, where was your son/daughter enrolled before (Please give name and address of the parish)

_____ Grade completed _____

Please list any other children or relatives in the Religious Education Program:

Name	Relationship	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

\$50 Religious Education Program Fee (Make checks payable to St. Anthony of Padua Parish)

Date: _____	By: _____
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