

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 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 | Year | 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)

Date: _____ By: _____