

**ST. ANTHONY OF PADUA  
RELIGIOUS EDUCATION  
REGISTRATION**

DATE \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ ACADEMIC SCHOOL \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ PLACE OF BAPTISM (CHURCH) \_\_\_\_\_

ADDRESS OF CHURCH \_\_\_\_\_

RECEPTION OF SACRAMENT OF COMMUNION AND RECONCILIATION YES \_\_\_\_\_ NO \_\_\_\_\_

FATHER'S FIRST NAME \_\_\_\_\_ FATHER'S MIDDLE NAME \_\_\_\_\_ FATHER'S LAST NAME \_\_\_\_\_

MOTHER'S FIRST NAME \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_ MOTHER'S LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Additional Information needed for 8<sup>th</sup>-11<sup>th</sup> Grade

TEEN CELL \_\_\_\_\_ TEEN E-MAIL ADDRESS \_\_\_\_\_

\*\*\*\*Teaching of "Circle of Grace" will be taught in each grade level as is required by the Diocese of Houma-Thibodaux. This registration form serves as permission for your child to receive lessons. If you do not give permission, please write a formal letter requesting that your child not receive instruction in Circle of Grace.

\*\*\*\*Please be advised that photographs or videotape of students may be used in publications, websites or other material produced from time to time by St. Anthony of Padua Church (Students will not be identified without specific consent.) If you do not wish your child to be photographed or filmed please notify the church office in writing. Please note that the church has no control over the use of photographs or video taken by media that may be covering the event in which your child participates.

\_\_\_\_\_  
Parent/Guardian Signature