Office Use Only	
Date Reg.	_
Fee Paid:	

St. Anthony & St. Agnes Parish Faith Formation Registration Form 2024-2025

PLEASE PRINT CLEARLY AND COMPELTE BOTH SIDES OF THIS FORM

Child's full Baptismal Name	Date of	Grade in	Baptism Date &	1 st Reconciliation	1 st Eucharist Date
(first, middle, last)	Birth	October	Church	Date & Church	& Church

Home Address							
	Street			City		State	Zip
Home Phone:			Email Address:				
Child(ren) reside with:	(Please Circle)	Both Parents	Mother	Father	Grandparent		Other:
Mother's Name					Cell Phone:		
	First	Last	Maider				
Mother's Address (if di	fferent from ab	ove)					Religion:
Father's Name					Cell Phone:		
	First	Last					
Father's Address (if diff	ferent from abo	ve)					_ Religion:
School(s) Child(ren) att	end:						
Emergency Contact Na	me/Relation:				Pho	one:	

^{**}Please provide a copy of your child's Baptismal certificate if he/she was not baptized at St. Anthony's or St. Agnes. **

** All children must be baptized <u>before</u> receiving First Eucharist or Confirmation. We must have sacramental records on file. **

Persons other than parents authorized to pick child(ren) up:				
Name/Relation		Phone:		
Name/Relation		Phone:		
Is there another family member in addition to the parent(s) to whom	n mail concerning prog	rams or events sh	nould be sent?ye	esno
If yes, please provide name, address, phone, and email. Name			Phone:	
Address Email _				
Please list any allergies, medications, or special needs your child has	. (All information prov	ided is confidenti	al)	
I give permission to have my child(ren)'s photo(s) taken and used for				a
yes or no				
Parish If you are not a reg	istered member of our	parish, would yo	ou like to become one?	·
For parents: I am interested in receiving the sacrament of (circle)	Baptism 1 st (Communion	Confirmation	N/A
For parents: If you are not Catholic, are you interested in becoming o	one? (circle) Yes	No	N/A	
PARENT/GUARDIAN SIGNATURE:		DATE:		
REGISTRATION FEES: \$25 (GRADES K-1, 3-8) \$40 SACRAMENTAL P PLEASE RETURN REGISTRATION FORM TO THE PARISH OFFICE BY	•	• •	· ·	AIL SLOT.

YOU MAY ALSO SCAN AND EMAIL TO TORI: <u>TGUZSKI@SYRDIO.ORG</u>. PLEASE CONTACT TORI IF PAYING THESE FEES PRESENTS A HARDSHIP FOR YOUR FAMILY. NO FAMILY WILL BE DENIED FAITH FORMATION BASED ON ABILITY TO PAY!