



## St. Anthony of Padua Catholic Church

3305 Glen Carlyn Rd, Falls Church, VA 22041 • 703.820.7111 Fax: 703.379.9195

### RELIGIOUS EDUCATION REGISTRATION (2017-2018)

**Please check the session in which you wish you register your child:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Thursdays (English Session) 7:00p.m.-8:15p.m.</b> | <input type="checkbox"/> Study at home                                |
| <input type="checkbox"/> <b>Mondays (Bilingual Session) 7:00pm-8:15p.m.</b>   | <input type="checkbox"/> Catechesis of the Good Shepherd (3-6yrs old) |

**Child's Name (as it appears in birth certificate):**

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Name*

\_\_\_\_\_  
*Last Name(s)*

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
Month Day Year City State Country (if not USA)

**Age:** \_\_\_\_\_ **Grade in School (Fall 2017):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

#### Sacramental Information:

	Yes	No	Date	Parish	City/State/Country
<b>Baptism</b>					
<b>First Communion</b>					
<b>Confirmation</b>					

#### Information About the Student:

¿Does your child has any **special needs?** (Learning disabilities, physical disabilities, ADHD, hearing/vision impaired, etc.) **Explain:** \_\_\_\_\_

**Alergies:** \_\_\_\_\_

#### Parent's Information

	First and Last Name	Telephone	Receive text alerts		Email	Lives with child		Address (if parent does not live with child)
			Y	No		Y	No	
<b>Father</b>								
<b>Mother</b>								



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**Do both parents have custody of the child?** Yes No, **explain, list restrictions and court orders:**

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Names of siblings that will be enrolled in Religious Education this year:

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

¿Was your child enrolled in Religious Education last year? Yes No, Catechist: \_\_\_\_\_

**IN CASE OF EMERGENCY**

List those, over the age of 18, **allowed to drop-off and pick-up your child any time during the year, and whom we may contact in the case of an emergency.**

Name	Telephone #	Relation
1)		
2)		

Name of person registering child: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**Registration received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Documents received:** Birth Certificate Baptism Certificate Other: \_\_\_\_\_

**Class:** Communion, Communion & Confirmation Confirmation  
Continued Faith Formation RCIC-18 RCIC-19

**Payment Received:**

\$75  \$150 (2 children)  \$200 (3 or more) Receipt # \_\_\_\_\_  Cash  Check #: \_\_\_\_\_

The family applied for financial assistance and the application was: accepted denied  
Family will pay \$ \_\_\_\_\_ Receipt# \_\_\_\_\_ Cash Check #: \_\_\_\_\_