

YOUTH GROUP

2018-2019 Registration Form for grades 9-12

This form is due to the parish office by September 1st 2018



Last Name	First Name	Gender	DOB	18-19 Grade	<u>STUDENT</u> e-mail	<u>STUDENT</u> Cell #	School where child is enrolled	Is this child on an IEP?	Food Allergies?	Sacraments RECEIVED: 1-Baptism 2-Reconciliation 3- Confirmation 4- Eucharist

Address: _____

Youth Group meets on Wednesday nights at 6:30-7:45pm

Home Phone: _____ Mother's Cell: _____ Father's Cell: _____

Mother's First & Last name: _____ E-mail: _____

Father's First & Last name: _____ E-mail: _____

If living arrangement is not traditional, please describe (i.e., "With father on weekends," "alternates between mom and dad every week," or "only with mom in the summer.") _____

Activities my teen struggles with: _____

In case of an emergency, if neither parent is able to be reached, please contact:

Name: _____ Relation to student: _____ Phone: _____

Office Use Only	
Date Received	_____
Amt. Due	_____
Amt. Paid	_____
Scholarship	_____
PIF	_____
Cash or Chk#	_____



Saint Anthony of Padua

2018-2019 Religious Education Registration

Return this form to the parish office or a catechist
(Youth Group/9-12th grade, please fill out opposite side)

Program Choices

Children's Liturgy: A

Must be 3 by Aug. 1st 2018
-SUNDAY During the 10:30 Mass

Grades 1-8: B

-WEDNESDAY 6:30pm-7:45pm

Sacrament Preparation:

Please indicate if student is in a grade that is not typical to receive a sacrament

- C. Reconciliation (2nd grade)
- D. Confirmation (3rd grade)
- E. First Communion (3rd grade)

Youth Group~ Grade 9-12: F

Please fill out opposite side of form

I am interested in FREE tuition. Please contact me with more information about volunteering to be a Teacher or CoTeacher for grade:

Student Last Name: _____

Address: _____ Town: _____ Zip Code: _____

Home Phone: _____ Mother's Cell: _____ Father's Cell: _____

Mother's First & Last name: _____ E-mail: _____

Father's First & Last name: _____ E-mail: _____

If living arrangement is not traditional, please describe (i.e., "With father on weekends," "alternates between mom and dad every week," or "only with mom in the summer.") _____

Student Name	Gender	Birthdate	18-19 Grade in School	School where child is enrolled	Is this child on an Individual Education Plan (IEP)?	Food Allergies?	Choice of RE program (A, B, C...)	Sacraments RECEIVED: 1-Baptism 2-Reconciliation 3-Confirmation 4-Eucharist
1								
2								
3								
4								
5								

In case of an emergency, if neither parent is able to be reached, please contact:

Name: _____ Relation to student: _____ Phone: _____

Our goal is to help every child develop a thirst and desire to grow closer to God. To help us accomplish this goal, please provide some additional information to help us serve you and your children. ☺

Activities my child(ren) love in the classroom: _____

Activities my child(ren) struggles with: _____

Type of discipline my child responds to best: _____

Fees		
Children's Liturgy	Free-will	
Grades 1-8	\$50/Student	
Grades 9-12	\$25/Student	
Reconciliation Materials	\$10/student	
Confirmation materials	\$10/student	
First Communion Materials	\$10/student	
Total Amount Due: _____		
Family Maximum Fee is \$120. Scholarships are available. See the DRE for more details.		

Office Use Only

Date Received _____

Amt. Due _____

Amt. Paid _____

Scholarship _____

PIF _____

Cash or Chk# _____