ST-ANTHONY We need a copy of eac				n 2024-2025
Registarion Fee Per Student: \$100				Date:
Are you a registered member of St. A	Anthony?	□ Yes	□ No	Envelope #:
	Contact	Informatio	n	
Parent/Guardian Name:				
Address:		City/State:		Zip:
Email:		Email #2 (o	ptional):	I
Phone #:		Alternate P	hone #	
Emergency Contact Name:	Relationsh	ip to Student:		Phone #:
	Student #	1 Informat	ion	
Student Name:				Grade in the Fall:
Would you like your student in spanish class (only	available for K	-4th)	□ Yes	□ No
Did they attend RE last year?	□ No	lf Yes , what	Parish?	
Did they go to a Catholic School last year?	□ Yes	□ No	lf Yes , wha	t school?
Are they Baptized?	lf Yes , whe	ere were they E	Baptized?	Date Baptized?
Have they recevied their First Communion?	□ Yes	□ No		•
	Student #	2 Informat	ion	
Student Name:				Grade in the Fall:
Would you like your student in spanish class (only	available for K	-4th)	□ Yes	□ No
Did they attend RE last year?	□ No	lf Yes , what	Parish?	
Did they go to a Catholic School last year?	□ Yes	□ No	lf Yes , wha	it school?
Are they Baptized? 🛛 Yes 🗆 No	lf Yes , whe	ere were they E	Baptized?	Date Baptized?
Have they recevied their First Communion?	□ Yes	□ No		•

Esta registrado/a como miembro de St. Anthony