

St Anthony of Padua Parish
Religious Education Registration
14 Phoenix St. P.O. Box 595, Shirley, MA 01464

Family Last Name: _____ Date: _____
 Father's Name: _____ Home Phone: _____
 Mother's Name: _____ Mom/Dad Work/Cell: _____
 Mother's Maiden: _____ Emergency Contact: _____
 Custodial Parent, if different from above: _____ Email: _____
 Home Address: _____
 Both Parents Catholic? Y ___ N ___

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date: Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date: Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date: Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date: Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Special Needs: medical, learning disabilities, physical disabilities: _____						