

St. Anthony's R.C. Church
 417 Commercial Street
 Farnham, New York 14061

2024-2025 REGISTRATION FOR RELIGIOUS EDUCATION
Kindergarten through Grade 11

1. Family Name _____ Date _____

2. Are you REGISTERED parishioners of St. Anthony's Church? ____ Yes ____ No
 If not, where are you registered? _____

3. Father _____ Religion _____
 First Last

4. Mother _____ Religion _____
 First Last (Maiden)

5. Please send all mail to:

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Parent e-mail address: _____ Student e-mail address: _____

6. Please list TWO persons we may contact in case of emergency:

Name	Phone	Relationship to Child

7. List below the names, ages and grades of all children in your family who are being registered.

- If your child's last name is different than yours, please indicate.
- PLEASE INCLUDE A COPY OF THE BAPTISMAL CERTIFICATE FOR ANY CHILD NEW TO OUR PROGRAM/NOT BAPTIZED AT ST. ANTHONY'S.

First Name (and Last name if different from family name)	Sex	Birth date	School	2024-2025 School Gr.	2024-2025 Rel Ed/YM Gr.	Baptism Record at:

(*If additional space is needed, please use back of page . . .)

8. If your child is past the SECOND GRADE and has not yet received the sacraments of Baptism and Reconciliation, or is past the THIRD GRADE and has not received Baptism, Reconciliation, and/or First Eucharist, please indicate below the sacraments he/she has missed.

9. We believe that the commitment of parents to Religious Education is integral to the quality of the programs we are able to offer. There are many ways in which parents can help. Listed below are some of our most pressing needs. Please look over this brief list and choose an area in which you are willing to be of assistance.

Circle one:

Lead Catechist Co-catechist Classroom Aide Substitute Catechist Special Projects/Events

Preferred Grade Level:

Pre-K K 1 2 3 4 5 6 7 8 9 10 11

SPECIAL INTERESTS AND TALENTS: (of your child)



CONFIDENTIAL STUDENT INFORMATION

PLEASE COMPLETE THIS FORM IF YOUR CHILD HAS ANY PHYSICAL CONDITION OR LEARNING CHALLENGES THAT REQUIRE SPECIAL CLASSROOM ACCOMMODATIONS.

Student Name: _____

Grade: _____

Please indicate nature of condition (Circle all that apply):

Medication/Food Allergy

Physical

Emotional/Behavioral

Learning

Please provide detailed information regarding this condition:

Does your child take medication or receive any regular support services at school for the condition indicated above? What, if any, special accommodations are made in the regular school classroom to help your child succeed (special setting, help with reading, longer test-taking times, etc.)? Please describe:

PLEASE . . . Do not hesitate to share information with us that will help us to meet the needs of your child! All of the above information will be kept in a confidential file with the Religious Education records in the parish rectory. It will be shared only with your child’s catechist for the purpose of creating a positive and nurturing environment in which your child can grow in faith.

**St. Anthony's R.C. Church
417 Commercial Street
Farnham, NY 14061**

PERMISSION FORM

I, the undersigned parent/guardian of _____, do give my permission for St. Anthony's Parish to use photographs and/or videotaped recordings of my child, as well as the following types of information regarding my child, in articles about activities in local newspapers, publications (including newsletters, brochures, bulletins, and other promotional materials), parish website, and by local television stations during the school year.

- Name (Yes ___ No___)
- Participation in activities, community events
- Honors and awards received
- Photographs of child participating in school, parish, and school/parish-related activities

I release St. Anthony's Parish, Dioceses, Parish Council, instructors, and office staff, from any and all claims demands, actions, causes of action, suits, damages and judgments as a result of use of the above information about my child in the publications and sites described above.

I am over the age of 18, have read the above information, I understand the conditions of the above agreement and will be bound by its terms on my own behalf and on behalf of my child.

Date: _____

Signed: _____

Print Name: _____

Relationship to child: _____