

RE Office use only Family Name _____
 Received ____/____/____ Fee pd. ____ FCC: ____ Parish Reg. ____ Entered ____/____/____ Bapt. Cert. Y / N

St. Anthony Mission -- St. Elizabeth Parish

Student Registration for Religious Education - School Year 2024-2025

All families must be registered members of the parish to enroll their children in Religious Education classes. If you have not yet registered in the parish, please complete a registration form and turn it in with these forms. Please attach payment and a copy of your children's Baptismal Certificate(s) if not already submitted. **For organizational purposes, please submit all these documents at the same time. Thank you.**

Parent Last Name _____ Home Phone _____

Mailing Address: _____
 Street City State Zip

Email (mom) _____ Cell number _____

Email (dad) _____ Cell number _____

Father's Name _____ Father's Religion _____

Mother's Name (with maiden) _____ Mother's Religion _____

1. As the parent(s) of this child, I realize that I am primarily responsible for his/her religious education.
2. As a parent, I will make sure that my child attends religious education classes each week.
3. As the parent of this child, I will encourage him/her to study, complete assignments, and put into practice the religious teachings and values being learned through religious education classes.
4. I will support the Religious Education Program by supporting the teachers in their efforts and by encouraging my child's cooperation and ensuring that my child's work and projects are timely completed.
5. I am aware that habitual tardiness and/or absence from class may delay my child's reception of the Sacraments of First Holy Communion and Confirmation.

 Parent Signature Date

RE Fees: \$175 per child, \$225 for two, \$275 max per family. If the fees are a hardship for your family, please contact us and we will make arrangements. All conversations of this nature are kept strictly confidential, and no child is left out of the program due to a financial hardship.
There is an additional \$25 Sacrament fee for First Holy Communion and Confirmation students.

Please return this form and payment to the Office of Religious Education
 Checks made payable to Saint Anthony Church or

Terri Tolley, DRE: 9140 Saint Anthony Road, King George, VA stadre@va.metrocast.net 540-847-9895

Student 1 Information **Grade for 2024-2025 _____**

Student Last Name _____ First Name _____ Middle Name _____
Date of Birth _____ City and State of Birth _____
Sacraments Already Received (Please Circle) Baptism Penance Communion Confirmation
Date of Baptism _____ Church of Baptism, city and state _____
Has child received any previous Catholic Religious Education? Yes No
If yes, name of parish, city and state _____
Any allergies, medical or special needs? _____

Student 2 Information **Grade for 2024-2025 _____**

Student Last Name _____ First Name _____ Middle Name _____
Date of Birth _____ City and State of Birth _____
Sacraments Already Received (Please Circle) Baptism Penance Communion Confirmation
Date of Baptism _____ Church of Baptism, city and state _____
Has child received any previous Catholic Religious Education? Yes No
If yes, name of parish, city and state _____
Any allergies, medical or special needs? _____

Student 3 Information **Grade for 2024-2025 _____**

Student Last Name _____ First Name _____ Middle Name _____
Date of Birth _____ City and State of Birth _____
Sacraments Already Received (Please Circle) Baptism Penance Communion Confirmation
Date of Baptism _____ Church of Baptism, city and state _____
Has child received any previous Catholic Religious Education? Yes No
If yes, name of parish, city and state _____
Any allergies, medical or special needs? _____

Student 4 Information **Grade for 2024-2025 _____**

Student Last Name _____ First Name _____ Middle Name _____
Date of Birth _____ City and State of Birth _____
Sacraments Already Received (Please Circle) Baptism Penance Communion Confirmation
Date of Baptism _____ Church of Baptism, city and state _____
Has child received any previous Catholic Religious Education? Yes No
If yes, name of parish, city and state _____
Any allergies, medical or special needs? _____

Are you interested in online Religious Education? Please note this is not available for Sacrament Years.

____ yes ____ no