

St. Anthony Parish

Religious Ed. / Youth Ministry Registration

20101 McKean Rd., San Jose, CA 95120

Term: 2018/2019

FAMILY INFORMATION

Family Last Name: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden: _____

Home Phone: _____

Home Address: _____

City, State, Postal: _____

Date: _____

Father's Cell / Work: _____

Mother's Cell / Work: _____

Email Address: _____

Emergency Contact: _____

Emergency Phone: _____

Both Parents Catholic? Yes / No

STUDENT #1 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Student's Cell: _____

Student's Email: _____

Receiving Sacrament: _____

Special Needs: (Medical, Learning Disabilities, Physical Disabilities, etc.)

Catholic? Yes / No

Sacrament Details: Check & Date All Below

Baptism _____

Eucharist _____

Reconciliation Prep _____

Confirmation _____

STUDENT #2 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Student's Cell: _____

Student's Email: _____

Receiving Sacrament: _____

Special Needs: (Medical, Learning Disabilities, Physical Disabilities, etc.)

Catholic? Yes / No

Sacrament Details: Check & Date All Below

Baptism _____

Eucharist _____

Reconciliation Prep _____

Confirmation _____

STUDENT #3 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Student's Cell: _____

Student's Email: _____

Receiving Sacrament: _____

Special Needs: (Medical, Learning Disabilities, Physical Disabilities, etc.)

Catholic? Yes / No

Sacrament Details: Check & Date All Below

Baptism _____

Eucharist _____

Reconciliation Prep _____

Confirmation _____

STUDENT #4 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Student's Cell: _____

Student's Email: _____

Receiving Sacrament: _____

Special Needs: (Medical, Learning Disabilities, Physical Disabilities, etc.)

Catholic? Yes / No

Sacrament Details: Check & Date All Below

Baptism _____

Eucharist _____

Reconciliation Prep _____

Confirmation _____

STUDENT #5 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Student's Cell: _____

Student's Email: _____

Receiving Sacrament: _____

Special Needs: (Medical, Learning Disabilities, Physical Disabilities, etc.)

Catholic? Yes / No

Sacrament Details: Check & Date All Below

Baptism _____

Eucharist _____

Reconciliation Prep _____

Confirmation _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each baptismal record, you will need to supply a copy for our files.

Registration Fee Due: \$ _____

Registration Fee Paid: \$ _____

Signature: _____

Photo and Video Consent Form 2018/2019

During Religious Education and Youth Ministry events, we sometimes take pictures and/or video of students. We would like to use these photos and/or videos for the following, but not limited to: flyers, parish and/or diocesan publications, parish website, youth ministry social medias, etc.

In order to do this, we need both students' and parents' consent. We will not use the last names of any individual whose photos or videos are posted.

I/We, parent(s) of (student's name) _____, authorize and give full consent, without limitation or reservation, to Saint Anthony Parish to publish any photographs or videos in which the above named student and/or pictures or videos of his/her parent(s) or grandparent(s) appears while participating in any program with Saint Anthony activities. There will be no compensation for use of any photographs at the time of publication or in the future.

Student Name: *(Please Print)* _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

If there are concerns about photos and/or videos posted, please contact Ana Fuentes, Youth Ministry Coordinator.