

**Registration Form**  
**For**  
**St. Anthony Of Padua Religious Education**  
**P.O. Box 97**  
**Litchfield, CT. 06759**

TODAY'S DATE: \_\_\_\_\_  
FAMILY NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
P.O. BOX: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ UNLISTED? Y N

When sending mail, address to (choose one)?  
MR./MRS. MR. MRS. MISS DR./MRS. MR./DR. OTHER: \_\_\_\_\_

Registered at this Church: Y N If YES, Envelope Number: \_\_\_\_\_

=====PARENTS/GUARDIANS=====

RELATIONSHIP TO CHILD: _____	RELATIONSHIP TO CHILD: _____
NAME: _____	NAME: _____
BUSINESS: _____	BUSINESS: _____
BUS PHONE: (____) _____	BUS PHONE: (____) _____
RELIGION: _____	RELIGION: _____
MARITAL STATUS: _____	MARITAL STATUS: _____

When sending mail, address to (choose one)?  
MR. MRS. MS. MISS DR. OTHER: \_\_\_\_\_

When sending mail, address to (choose one)?  
MR. MRS. MS. MISS DR. OTHER: \_\_\_\_\_

I AM INTERESTED IN VOLUNTEERING FOR: _____ _____	I AM INTERESTED IN VOLUNTEERING FOR: _____ _____
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COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====EMERGENCY INFORMATION=====

In the event of an emergency, if you are unable to reach me, please contact the following:

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_