

Registration Date: / /
Mo Day Yr

**ST. ANTHONY MADISONVILLE
FAITH FORMATION (FF)
Early Childhood (Ages 3 - K) & Grades 1 - 8
2009-2010**

FAMILY INFORMATION

Last Name _____ Home Ph: _____

Address _____ Alt. Ph: _____
Street City Zip code

E-mail Address _____

Father _____ Religion _____
(First) (Last)

Father's Address _____ Father's Ph _____

Mother _____ Religion _____
(First) (Maiden) (Last)

Mother's Address _____ Mother's Ph _____

Parents are: Married _____ Separated _____ Divorced _____ Single _____ Parent Deceased _____

SIGNATURE OF PARENT(S) WITH LEGAL CUSTODY _____
Parent Signature

ARE YOU REGISTERED MEMBERS OF ST. ANTHONY'S PARISH? _____ Yes _____ No

CHILDREN INFORMATION

1. _____
Last Name First Name Nickname

Birthdate _____ Male _____ Female _____ Child lives with _____
(Name) (Relationship)

School Attending _____ Grade _____
(a/o Sept. 2009)

SACRAMENT INFORMATION: Provide if new

Baptism: _____ Y _____ N Church _____
Name Address Date

Penance: _____ Y _____ N Church _____
Name Address Date

Eucharist: _____ Y _____ N Church _____
Name Address Date

Confirmation: _____ Y _____ N Church _____
Name Address Date

2. _____
 Last Name First Name Nickname
 Birthdate _____ Male ____ Female ____ Child lives with _____
 (Name) (Relationship)
 School Attending _____ Grade _____
 (a/o Sept. 2009)

SACRAMENT INFORMATION: *Provide if new*

Baptism: ____ Y ____ N Church _____
 Name Address Date
 Penance: ____ Y ____ N Church _____
 Name Address Date
 Eucharist: ____ Y ____ N Church _____
 Name Address Date
 Confirmation: ____ Y ____ N Church _____
 Name Address Date

3. _____
 Last Name First Name Nickname
 Birthdate _____ Male ____ Female ____ Child lives with _____
 (Name) (Relationship)
 School Attending _____ Grade _____
 (a/o Sept. 2009)

SACRAMENT INFORMATION: *Provide if new*

Baptism: ____ Y ____ N Church _____
 Name Address Date
 Penance: ____ Y ____ N Church _____
 Name Address Date
 Eucharist: ____ Y ____ N Church _____
 Name Address Date
 Confirmation: ____ Y ____ N Church _____
 Name Address Date

ST. ANTHONY, MADISONVILLE FAMILY FAITH FORMATION
EMERGENCY AND MEDICAL INFORMATION
(PLEASE COMPLETE BOTH SIDES)
PERSONAL DATA

Student's Name _____ Grade _____ Date of Birth _____ Today's Date _____

Home Address _____ Phone Number _____

Father's Name _____ Mother's Name _____

Father's Address _____ Mother's Address _____

Father's Phone _____ Mother's Phone _____ Alternate Phone _____

NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE NOT AVAILABLE. (THIS MUST BE COMPLETED)

Name _____ Address _____ Phone _____

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS? YES NO

IF YES, PLEASE INDICATE _____

Asthma Physical Handicap _____

Bee Sting Allergy Other Allergy _____

Arthritis Other _____

ADD Ongoing Medications _____

PHYSICIAN/DENTIST INFORMATION

Family Doctor _____ Office Phone _____

Address _____

Family Dentist _____ Office Phone _____

Address _____

Preferred Hospital or Clinic _____

RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the spaces provided below empowers the church authorities to exercise their own judgment in calling the physician above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

SPECIAL NOTE: Please notify the Director of Faith Formation or Coordinator immediately as to changes or modifications to any/all information stated.

ADDITIONAL INFORMATION

Please list additional information that would be helpful to know (visitation schedules, special learning needs, fears, recent changes at home, etc.):

ST. ANTHONY - MADISONVILLE
Family Faith Formation
NEIGHBORHOOD WALK FORM



Occasionally it is helpful for the children to take a walk outside to do something in conjunction with their lesson. They will not walk further than a 2 block radius of the church. Whenever the children take one of these walks, two adults will be present.

FAMILY NAME _____

I give my permission for the child listed below to go on a neighborhood walk as indicated above.

CHILD'S NAME: _____



ST. ANTHONY MADISONVILLE
FAMILY FAITH FORMATION PROGRAM

None of this works without YOU!

10:00 A.M. SESSION GRADES 1 – 8

1. HALL MONITOR – Responsibilities: 1 Sunday a Month, monitor hallways and help in whatever way is needed. (Must be an adult)

- _____ 1st Sunday of the month _____ 2nd Sunday of the month _____ 3rd Sunday of the month
- _____ 4th Sunday of the month _____ 5th Sunday of the month

2. CLASSROOM HELPER – Responsibilities: 1 Sunday a Month to help the catechist in whatever way is needed. (Confirmed High School students are welcome to assist in this role)

- _____ 1st Sunday of the month _____ 2nd Sunday of the month _____ 3rd Sunday of the month
- _____ 4th Sunday of the month _____ 5th Sunday of the month _____ Grade preference

3. WHOLE COMMUNITY CELEBRATIONS – Responsibilities: *Help set-up tables and chairs, clean up and take-down and put away tables and chairs.*

- _____ October 25, 2009..... Details to follow
- _____ November 15, 2009Advent wreath making
- _____ January 10, 2010 Epiphany Play Details to follow
- _____ April 11, 2010 April Celebration..... Details to follow
- _____ April 18, 2010 Blessing Cup Dinner..... Details to follow

NAME: _____

PHONE: _____

E-Mail: _____

CHILDREN ARE IN GRADE(S): _____

ST. ANTHONY MADISONVILLE FAITH FORMATION PROGRAM

11:30 A.M. SESSION
(3YR. OLDS THROUGH KINDERGARTEN)



Young Children and Worship is first and foremost a worship experience. This is a concerned and sensitive way to enable children to participate in the formal worship experience of the community. Our weekly celebrations are intended to allow our young members to share in scripture and song in a special place apart from the worshipping community so they become able to worship meaningfully with the community.

You are needed by our catechists to establish and maintain a respectful and reverent celebration. Your responsibilities include helping to bring the children from church, bathroom visits, preparing the feast, returning to church with the children. Two adults are needed each week.

- _____ 1st Sunday of the month
- _____ 2nd Sunday of the month
- _____ 3rd Sunday of the month
- _____ 4th Sunday of the month
- _____ 5th Sunday of the month

NAME: _____

PHONE: _____ E Mail: _____

AGES OF CHILDREN: _____