

**Saint Anthony Parish, Woonsocket, RI  
Office of Religious Education  
2020-2021 Registration Form**

Student's full name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/State/Zip Code

\_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth

\_\_\_\_\_

School Attending

\_\_\_\_\_

Grade entering in **August 2020**

\_\_\_\_\_

Grade in CCD \_\_\_\_\_

\_\_\_\_\_

Is your family registered in parish?

\_\_\_\_\_

Has child been enrolled in any other CCD PROGRAM?

\_\_\_\_\_

Parish \_\_\_\_\_

\_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_\_

Church of Baptism and Date

(If not baptized here, and you have not yet done so, please include a copy of Baptismal Certificate with registration).

Church of First Communion and Date

\_\_\_\_\_

**FAMILY INFORMATION**

*All information is for CCD office use only*

Father's Full Name

\_\_\_\_\_

Religion

\_\_\_\_\_

Mother's Full Name

\_\_\_\_\_

Religion

\_\_\_\_\_

Mother's Maiden Name

\_\_\_\_\_

Guardian/Foster Parent if any

\_\_\_\_\_

Please indicate with whom the child resides

\_\_\_\_\_

Emergency Contact Person and Telephone

\_\_\_\_\_

Please note in space below any special concerns or needs [learning disability, physical conditions, family problems, medications]. This information is confidential and will help us to better tend to your child in Christian education.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return by SEPTEMBER 30, 2020. Drop in collection basket or mail to the parish. Please indicate CCD Registration and ATTENTION: DEBRA SILVA on envelope**