

# G.I.F.T.

Growing In Faith Together  
Office of Faith Formation  
Saint Anthony of Padua Parish  
Port Reading, N.J. 07064

2020-2021  
WHOLE PARISH CATECHESIS

OFFICE USE ONLY

## REGISTRATION FORM

### FAMILY INFORMATION

All registraton forms and fees are due on or before MONDAY, AUGUEST 10, 2020

Family Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell #1 (Mother) \_\_\_\_\_ Cell #2 (Father) \_\_\_\_\_

E-mail (s) PLEASE PRINT CLEARLY \_\_\_\_\_

### PARISHIONER STATUS

St. Anthony of Padua Parish

Envelope # \_\_\_\_\_

OTHER - PLEASE IDENTIFY \_\_\_\_\_

### WHOLE PARISH CATECHESIS SESSION

IF AN INPERSON SESSION IS HELD AT LEAST 1 PARENT OR LEGAL GUARDIAN MUST ACCOMPANY STUDENTS

MONDAY

WEDNESDAY

Session size is limited.

Please indicate your preference.

First Submitted / First Honored

### MEMBER INFORMATION

PARENT / LEGAL GUARDIAN \_\_\_\_\_

PARENT / LEGAL GUARDIAN \_\_\_\_\_

OTHER \_\_\_\_\_

RELATIONSHIP

(in September)

OTHER	RELATIONSHIP	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child is preparing for  
First Communion or  
Confirmation PLEASE  
CIRCLE

Sacramental Prep.  
Gr. 1, 2, 7 & 8

YES

YES

YES

YES

Sacramental Certificates must be submitted for ALL STUDENTS at the time of Registration

**G.I.F.T.**  
Growing In Faith Together

Please return this form with the appropriate tuition.

Families..... \$50.00 +  
Sacramental Prep. Fee..... \$25.00 per Sacramental Prep. student

All registraton forms and fees are due on or before Monday, August 10, 2020

**SPECIAL CONCERNS**

Is there any special information you would like the teacher of your child to know concerning his/her

- A. I would like Father Smith to be aware of the particulars of my child's situation.
- B. I would like the teacher to be made aware of the particulars of my child's situation
- C. I would like Father Smith to know the **particulars** but the teacher is to know only the **general nature** of the situation.

Concerns:

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\_\_\_\_\_  
Signature of parent / guardian

**FOR OFFICE USE ONLY**

DATE REC'D: \_\_\_\_\_

TUITION DUE \_\_\_\_\_

TUITION PAYMENT RECEIVED: \_\_\_\_\_

or

PAYMENT PLAN DEPOSIT: \_\_\_\_\_

METHOD: CASH      CHECK # \_\_\_\_\_

REC'D BY: \_\_\_\_\_