

**Christ the King and St. Anthony Parishes, West Warwick
Faith Formation Registration 2024-2025**

Family Name _____ Phone _____ Primary E-mail _____

Address _____ City _____ Zip Code _____

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____ Maiden Name _____

Second Address (if applicable) _____

***In Case of Emergency and you are unable to be reached, please indicate the person and phone number to be contacted. ***

Name _____ Phone Number _____

▶ *Please notify the parish office (401-821-8342) of any concerns regarding custody or persons to whom your child should not be released.*

#1. Student Name _____ Date of Birth _____ Grade (September) _____

Name of school your child will be attending in September: _____

Any allergies, medical conditions, behavior concerns, or learning needs that we need to be aware of ? _____

#2. Student Name _____ Date of Birth _____ Grade (September) _____

Name of school your child will be attending in September: _____

Any allergies, medical conditions, behavior concerns, or learning needs that we need to be aware of ? _____

#3. Student Name _____ Date of Birth _____ Grade (September) _____

Name of school your child will be attending in September: _____

Any allergies, medical conditions, behavior concerns, or learning needs that we need to be aware of ? _____

NEW REGISTRATIONS – Please attach a copy of BAPTISM AND FIRST COMMUNION (if applicable) Certificates.

PLEASE NOTE THAT FIRST COMMUNION & CONFIRMATION ARE TWO YEAR PROGRAMS. STUDENTS ENTERING INTO THE CONFIRMATION PROGRAM MUST HAVE BEEN IN CATHOLIC SCHOOL OR ATTENDED RELIGIOUS EDUCATION ON A REGULAR BASIS.

▶ *Unless otherwise indicated by parent/guardian on this form, my child/children have permission to be photographed or videotaped by the Faith Formation program of Christ the King and St. Anthony's Church for the purpose of parish newsletters, bulletins, and/or parish affiliated media.*

Permission is granted for my child/children to be photographed and/or videotaped: YES _____ NO _____

PARENT'S SIGNATURE: _____ DATE: _____

**Please call the parish office (St. Anthony 401-821- 8342 or Christ the King 401-821-9228)
if you have any questions or require additional information.
There is NO REGISTRATION FEE for families that participate in the parish budget program.**