

St. Anthony CFF Kindergarten Registration Form 2008-2009

Office Use Only

Mail or drop off at the St. Anthony CFF Office at 260 Forest Ave. Ambler, PA 19002
Questions? Contact Roberta Ortwein at 215-646-6150 Ext. 22 or rortwein@saintanthonyparish.org

Parent Information (PLEASE PRINT CLEARLY)

Father

Mother

First and Last Name _____

Mother's Maiden Name _____

Religion _____

Home Phone _____

Alternate Phone (Cell/Work) _____

Family Email address for weather cancellations or CFF updates _____

Parents' Marital Status _____

Student resides with ___ Parents ___ Mother ___ Father Other: _____

If applicable-Full Name of Stepparent/Guardian _____

Family Information

Send Family Mailings to: _____

Name

Mailing Address: _____

Address

City

Zip Code

Emergency Contact other than Parents- Name: _____

Phone _____

Relationship _____

Child's Formal Name _____

First

Last

Child's Preferred Name _____

Date of Birth ___/___/___

Gender: Male / Female

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Help us provide the best faith formation possible for your child by letting us know about the special circumstances in your child's life that can have an impact in a classroom setting. Does your child receive learning support in school, take medication on a regular basis or has your child recently experienced a life altering event (death, divorce, recent move)? _____ If yes, please describe.

Baptismal Information: Date ___/___/___

Church _____

City _____

State _____

Parents' Names as recorded on Baptismal Certificate...

Father: _____

Mother (Maiden): _____

If not baptized at St. Anthony Parish, you must attach a copy of the Baptismal Certificate for our records.

Family's Faith Formation Session Selection

Number a 1st and 2nd choice. You will be notified if your 1st choice is not available.

___ Tuesdays 4:15-5:45

___ Tuesdays 6:30-8:00

___ Wednesdays 4:15-5:45

Kindergarten Tuition: \$50 (Checks payable to St. Anthony Church)

For Office Use Only: Amount Received _____

Check # _____

Cash _____