St Anthony's/OLPH

CCD Registration

16505 Kilowatt Rd/PO Box 248 Elmendorf, TX 78112

CCD Contribution

1-Child **\$35**, 2-Children **\$45**, 3-Children **\$55**, 4+Children **\$70**

Term: 2025-2026

MILY INFORMAT	ION		
amily Last Name:		Date:	
		Emergency Contact:	
	:		
	:	Both Parents Catholic? Y	
UDENT #1 INFOR	MATION		
Child Name:		Catholic?	Yes / No
	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		☐ Baptism:	
Grade:		☐ Eucharist:	
Special Needs UDENT #2 INFOR	(Medical, Learning Disabilities, Ph	ysical Disabilities, etc):	
Child Name:		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		☐ Baptism:	
		☐Confirmation:	
Favorite Snack:			

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Amount DUE: {_____ Amount PAID: {_____ Signature: ____

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Additional Students

Child Name:		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		☐ Baptism:	
Favorite Snack:		Confirmation:	
Special Needs	(Medical, Learning Disabilities,	Physical Disabilities, etc):	
DENT #4 INFOR	MATION		
Child Name:		Catholic?	Yes / No
Gender:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade:		Eucharist:	
Returning Student: Favorite Snack:		Reconciliation: Confirmation:	
Returning Student: Favorite Snack: Special Needs DENT #5 INFOR	(Medical, Learning Disabilities,	Reconciliation: Confirmation: Physical Disabilities, etc):	
Returning Student: Favorite Snack: Special Needs DENT #5 INFOR Child Name:	(Medical, Learning Disabilities,	Reconciliation: Confirmation: Physical Disabilities, etc): Catholic?	Yes / No
Returning Student: Favorite Snack: Special Needs DENT #5 INFOR Child Name: Gender:	(Medical, Learning Disabilities, MATION □ Male □ Female	Reconciliation: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details	
Returning Student: Favorite Snack: Special Needs DENT #5 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, MATION ☐ Male ☐ Female	Reconciliation: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism:	Yes / No
Returning Student: Favorite Snack: Special Needs DENT #5 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, MATION	Reconciliation:Confirmation: Physical Disabilities, etc): Catholic? Sacrament DetailsBaptism:Eucharist:	Yes / No
Returning Student: Favorite Snack: Special Needs DENT #5 INFOR Child Name: Gender: Birth Date: Grade: Returning Student:	(Medical, Learning Disabilities, MATION Male Female	Reconciliation:Confirmation: Physical Disabilities, etc): Catholic? Sacrament DetailsBaptism:Bucharist:Reconciliation:	Yes / No Check & Date All Below
Returning Student: Favorite Snack: Special Needs DENT #5 INFOR Child Name: Gender: Birth Date: Grade: Returning Student:	(Medical, Learning Disabilities, MATION	Reconciliation:Confirmation: Physical Disabilities, etc): Catholic? Sacrament DetailsBaptism:Bucharist:Reconciliation:	Yes / No Check & Date All Below

Term: 2025-2026