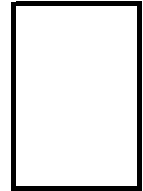


Church of St Anthony
25 Woodlands Ave 1
Singapore 739064
Tel: 6368-3804 Fax: 6367-8392



CATECHISM REGISTRATION FORM

Particulars of Child

Name: _____ B/C No.: _____

Date of Birth: _____ Telephone No.: _____

Address: _____

Church & Date of Baptism: _____

Church & Date of Holy Communion: _____

Name of School: _____

Catholic School YES NO Year/Level _____

Preferred Catechism Class & Timing (Please number 1,2,3 in order of preference)

Primary: Saturday 9.00 am - 10.15 am 10.45 am to 12 noon

Sunday 1.30 pm - 2.45 pm

Secondary 1 & 2 Sunday 9.00 am - 10.30 am (One timing only)

Secondary 3 & 4 Saturday 4.00 pm to 5.30 pm (One timing only)

* Ballotting will be conducted if the total registration exceeds the class size.

Particulars of Parents / Guardians

Father

Name: _____ Religion: _____

Contact No: (Home) _____ (HP) _____

E-mail Address: _____

Mother

Name: _____ Religion: _____

Contact No: (Home) _____ (HP) _____

E-mail Address: _____

Church / Year of Wedding: _____

Church Currently Attending: _____

Current Marital Status: Married Separated Divorced

Remarried Annulled by Church Tribunal

I hereby declare that the information given is true and accept the terms, conditions and requirements for the enrollment of my child in the Catechism Program at St. Anthony's Church.

Date of Registration: _____

Signature _____

(For Official Use Only)

Documents Submitted: Baptism Certificate (Duplicate)

First Holy Communion Certificate (Duplicate)

Transfer Letter

Admin Fee (\$10.00 Ten Singapore Dollars)

2 Passport Sized Photos

Date: _____

Name: _____

Signature