

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

**PARISHES OF ST. ANTHONY - ST. JOHN THE EVANGELIST – ST. KATERI TEKAKWITHA**

**2023-2024 FAITH FORMATION REGISTRATION**

**Grade 1 through 11**

Please remit to: 806 Union Street – Schenectady, New York 12308 –

To the attention of: Dianne Galarneau

518-372-3381 ext. 226 [dgalarneau@sjchurch.com](mailto:dgalarneau@sjchurch.com)

Please indicate the parish where you are registered:

St. John the Evangelist  St. Anthony  St. Kateri Tekakwitha

**New students and those eligible to begin Sacramental Preparation for**

**FIRST RECONCILIATION, FIRST EUCHARIST OR CONFIRMATION**

**MUST submit a copy of their baptismal certificate.**

**If your child was baptized at St. John’s, St. Anthony’s or St. Kateri’s a copy is not necessary, please provide**

Church \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

STUDENT’S Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Fall of 2023 \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate/Emergency Phone  
Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

MOTHER’S First and Maiden Name \_\_\_\_\_ FATHER’S Full Name \_\_\_\_\_

**PARENT’S E-MAIL ADDRESS** Correspondence is mainly through electronic mail. Please list your address used frequently, preferably on a daily basis.

Primary \_\_\_\_\_

**SAFETY DISCLOSURE** Please specify if your son or daughter has a health issue which we should be aware.

**HAS YOUR CHILD RECEIVED THE SACRAMENTS OF:**

BAPTISM YES \_\_\_\_\_ NO \_\_\_\_\_

FIRST RECONCILIATION YES \_\_\_\_\_ NO \_\_\_\_\_ FIRST EUCHARIST YES \_\_\_\_\_ NO \_\_\_\_\_

REGISTRATION FEE is payable to the **CHURCH WHERE YOU ARE A REGISTERED PARISHIONER.**  
**St. John’s, St. Anthony’s or St. Kateri Tekakwitha**

**1 child per family**  
\$75.00

**2 children per family**  
\$130.00

**3 children or more per family**  
\$165.00

If the student will prepare for a SACRAMENT an additional \$35.00 is required.

