



# St Anthony & St George Maronite Catholic Church

## Religious Education Registration Form

323 Park Avenue, Wilkes-Barre, PA 18702

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Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ / \_\_\_\_\_  
*Father* *Mother*

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

First child's name: \_\_\_\_\_ Grade in Program: \_\_\_\_\_ *(For Educators use only)*

Grade in school: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ritual of Origin:  Maronite  Latin  Melkite  Orthodox  \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Date of Chrismation: \_\_\_\_\_ Place of Chrismation: \_\_\_\_\_

Received First Communion:  Yes  No

Second child's name: \_\_\_\_\_ Grade in Program: \_\_\_\_\_ *(For Educators use only)*

Grade in school: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ritual of Origin:  Maronite  Latin  Melkite  Orthodox  \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Date of Chrismation: \_\_\_\_\_ Place of Chrismation: \_\_\_\_\_

Received First Communion:  Yes  No

Third child's name: \_\_\_\_\_ Grade in Program: \_\_\_\_\_ *(For Educators use only)*

Grade in school: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ritual of Origin:  Maronite  Latin  Melkite  Orthodox  \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Date of Chrismation: \_\_\_\_\_ Place of Chrismation: \_\_\_\_\_

Received First Communion:  Yes  No