

ST. ANTHONY OF PADUA

2018-2019 PSR SCHOOL YEAR

Tuition \$50 one child, \$90 two or more children if registered and paid after August 1, 2018
\$45 one child, \$80 two or more children if registered and paid before August 1, 2018
You can now pay your PSR tuition through the online giving option www.stafh.org please check here if you paid online _____

PLEASE COMPLETE ALL INFORMATION
(Please use a separate form for each child)

Last Name _____ First Name _____ Grade _____

Address _____ City _____ Zip _____

Birth Date _____ Returning Student _____ New Student _____

School Attending _____

Previous Religious Education (where) _____

Sacramental Information:

Church Name, City, State:

Baptism _____

Reconciliation _____

1st Communion _____

Confirmation _____

Mother's Name _____ Religion _____

Phone _____ Cell Phone _____

Email _____

Father's Name _____ Religion _____

Phone _____ Cell Phone _____

Email _____

Marital Status: _____ SINGLE _____ MARRIED _____ DIVORCED _____ REMARRIED _____ WIDOWED

Mass attendance is a requirement of our PSR program. Do you normally attend weekend Mass here at St. Anthony's? yes / no (circle one)

If yes, which Mass does your family normally attend? _____

If no, where are you attending Mass? _____

Is your child (if in 4th grade or older) interested in becoming a new altar server or continuing as a current altar server? Yes / no (circle one)

(Please fill out **ALL INFORMATION** on the BACK)

PLEASE NOTE: For all STUDENTS we need the following information:

1. **Enclose a copy of Baptismal certificate** (unless baptized here at St. Anthony's). This includes all returning students.
2. All Families must register with the Parish Office or have a letter of permission from your home parish to attend St. Anthony's PSR program.

EMERGENCY MEDICAL AUTHORIZATION

Part ONE or Part TWO must be completed:

Part ONE (To GRANT consent):

In the event reasonable attempts to contact me at _____ (phone) or at _____ (other parent or guardian phone) have been unsuccessful, I hereby give my consent for (1) The administrator of any treatment deemed necessary by Dr. _____ at _____ (phone) or Dr. (dentist) _____ at _____ (phone), or in the event the preferred practitioner is not available, by another licensed physician or dentist, and (2) The transfer of the child to _____ (preferred hospital) or any reasonable access hospital. This authorization does not cover any major surgery unless the medical options of two other licensed physicians or dentists concur in the necessity of each surgery and concurrence is obtained before the surgery is performed.

Facts concerning the child's medical history to which a physician should be aware:

Allergies / Medications being taken:

Existing Health Conditions / Physical Impairments:

Parent / Legal guardian signature

Part TWO (REFUSAL to consent):

I do not give my consent for emergency medical treatment for my child. In the event of an illness or emergency treatment being required, I wish the parish to take no action or to:

(PLEASE BE SPECIFIC) _____

Parent / Legal guardian signature

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PICTURE RELEASE FORM

During the course of the year we take pictures of youth events and ceremonies held here at the parish. Please indicate below if we have permission to post these photos (which may include your child) on our website or parish Facebook page.

- _____ Yes, you may post photos including my child on the St. Anthony website and/or Facebook page.
_____ No, please do not post any pictures with my son/daughter in them.