

# **ST. ANTHONY OF PADUA 2019-20 PSR SCHOOL YEAR**

**Tuition \$60 one child, \$115 two or more children, Registration ends on Sunday, September 8, 2019**

You can now pay your PSR tuition through the online giving option [www.stafh.org](http://www.stafh.org). Please check here if you paid online\_\_\_\_  
Financial assistance and grants are available by contacting Fr Pete or Steve Biro

***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 \_\_\_\_\_

1<sup>st</sup> 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 or No
- If yes, which Mass does your family normally attend? \_\_\_\_\_ If no, where are you attending Mass? \_\_\_\_\_
- Is your child (if in 4<sup>th</sup> grade or older) interested in becoming a new altar server or continuing as a current altar server? Yes / no (circle one)

**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.

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

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## **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) in the event the preferred practitioner is not available, by another licensed physician.

(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 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:**

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**Existing Health Conditions / Physical Impairments:**

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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) \_\_\_\_\_

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Parent / Legal guardian signature \_\_\_\_\_

## **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.