

## Saint Anthony of Padua Parish School of Religion Registration for Kindergarten 2017-2018

**Office Use Only**

Date \_\_\_\_\_  
 Rec'd \_\_\_\_\_  
 Initial \_\_\_\_\_  
 Ck # \_\_\_\_\_  
 Amt \_\_\_\_\_

**Basic Information** *Please print clearly.*

**PARENTS NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**NAMES OF CHILDREN ATTENDING**

\_\_\_\_\_  
*First name                  Last name,                  Nickname*

\_\_\_\_\_  
*First name                  Last name,                  Nickname*

\_\_\_\_\_  
*First name                  Last name,                  Nickname*

\_\_\_\_\_  
*First name                  Last name,                  Nickname*

**DAY SCHOOL ATTENDING**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Table of Tuition and Fees for 2017-18**

FAMILY SIZE	TUITION
1 child	50.00
2 children	80.00
3 or more	110.00

**Kindergarten**  
**Tuition Commitment--Please Check One**

**Paid in Full**

**Pay ½ now & ½ by Jan. 1<sup>st</sup>**

**Pay Monthly (Sept. thru April)**

**Emergency Info**

Name                                  phone                                  relationship (parent, aunt, neighbor, etc.)

**First Preference Contact** \_\_\_\_\_

**Second Preference Contact** \_\_\_\_\_

**Third Preference Contact** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

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### PSR EMERGENCY INFORMATION CARD

**Student Name:** \_\_\_\_\_  
Last First

**Parents/Guardian:** \_\_\_\_\_  
Mother Father Guardian (if applicable)

**Address:** \_\_\_\_\_  
Street City State Zip

**Phones:** \_\_\_\_\_  
Mother: Home Cell Work Father: Home Cell Work

*Two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Home Cell Work

**Address:** \_\_\_\_\_  
Street City State Zip

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Home Cell Work

**Address:** \_\_\_\_\_  
Street City State Zip

**Health information** which PSR should know about student, including any medication information, and wishes for handling any physical/medical emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In case of accident or serious illness, I request the PSR to contact me. If the school is unable to reach me, I hereby authorize the PSR to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the PSR may follow my instructions above or make whatever arrangements seem necessary.*

\_\_\_\_\_  
Signature of Parent or Guardian Date

**Local Physician:** \_\_\_\_\_  
Name Phone: Office Emergency

**Emergency Center/Hospital** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_

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### St. Anthony PSR 2017-2018 Photo Permission Form

The PSR students participate in a variety of activities in the classrooms and on the parish grounds throughout the school year. Occasionally teachers or other staff members may take photos of the students during these activities. The photos of the students are displayed in the classrooms. Occasionally some of the photos may appear in the Sunday bulletin. The photos in the bulletin can be viewed on the internet on St. Anthony Parish website and on Facebook.

**For the safety of our students, the St. Louis Archdiocese mandates that permission is needed from parents/guardians for the students to be photographed and for students' photos to appear in the parish bulletin which can be viewed on the internet on St. Anthony Parish website and on Facebook.**

**CHOOSE ONE:**

\_\_\_\_\_ **Yes**, I give permission for my child(ren) to be photographed during PSR class.\*

\_\_\_\_\_ **No**, I do not give permission for my child(ren) to be photographed during PSR class.

**\*If you give permission for your child(ren) to be photographed, choose one of the following:**

\_\_\_\_\_ **Yes**, my child(ren)'s photos can be placed in the parish bulletin which can be viewed on the internet on St. Anthony Parish website and on Facebook.

\_\_\_\_\_ **No**, I do not want my child(ren)'s photos to be placed in the parish bulletin which can be viewed on the internet on St. Anthony Parish website and on Facebook.

Name(s) of child(ren):

\_\_\_\_\_

Parent/Guardian signature:

Date:

\_\_\_\_\_

\_\_\_\_\_