

Saint Anthony of Padua Parish School of Religion

Registration for 2017-2018 Little Lambs of Jesus for 3-5 Year olds

Office Use Only

Date
Rec'd _____

Initial _____

Ck # _____

Amt _____

Basic Information *Please print clearly.*

PARENTS NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

NAMES OF CHILDREN ATTENDING **AGE (ONCE CHILD IS 3 YEARS OF AGE)**

<i>First name</i>	<i>Last name,</i>	<i>Nickname</i>
<i>First name</i>	<i>Last name,</i>	<i>Nickname</i>
<i>First name</i>	<i>Last name,</i>	<i>Nickname</i>
<i>First name</i>	<i>Last name,</i>	<i>Nickname</i>

Table of Tuition and Fees for 2017-18

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

Little Lambs of Jesus
Tuition Commitment--Please Check One

Paid in Full
Pay ½ now & ½ by Jan. 1st
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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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:

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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: _____