

St Anthony Parish 2019-2020
Religious Education Registration
1432 River St., Niagara, WI 54151

Family Last Name: _____ Custodial Parent(s) Name: _____
Home Address: _____
Home Phone: _____ Mom/Dad Work/Cell: _____
E-mail: _____
Emergency Contact: _____ Emergency contact phone: _____
Other Parent(s) Name: _____
Home Address: _____
Student Name: _____ Student's cell phone: _____
Student's e-mail: _____ Grade Level: _____ Gender: _____
Birthday: _____ Birthplace: _____
Baptism Date: _____ Baptism Place: _____
First Eucharist date: _____ First Eucharist Place: _____
Confirmation date: _____ Confirmation place: _____
Are there any special needs: medical, learning disabilities, physical disabilities?

Please acknowledge the following Declarations and sign to indicate consent:

PICTURES: I give the employees and/or volunteers of St. Anthony Parish permission to take pictures of my child and use them in the Parish bulletin, on St. Anthony's web page, St. Anthony's Facebook page, and for other church related activities.

MEDICAL: The volunteers and/or employees of St. Anthony Parish have my permission to use their judgment in handling medical emergencies in regards to the above named child's care. This includes, but is not limited to: calling emergency personnel, phoning the emergency contact should you be unavailable, and allowing your child to take medication they bring to class.

LIABILITY: As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor

The above information is true to the best of my knowledge...

Parent/Guardian's Signature: _____ Date _____

Office use: Tuition due: \$30 for 1 student; \$50 for 2 students; \$60 for 3 students; catechists are free

Tuition Paid: _____ Check # _____/cash Initial: _____