

**ST. ANTHONY/ST. MARY
PARISH SCHOOL OF RELIGION REGISTRATION
2022-2023**

FAMILY NAME _____

CHILDREN	1.	2.	3.
Name			
Grade Entering			
D.O.B.			
Place of Birth			
Date of Baptism			
Church of Baptism (please provide certificate if not baptized @ St. Anthony/St. Mary			
Church & Date of First Communion			
Special Needs			
Allergies/Health Information			
Medications we need to know about			

Children live with _____ Both Parents _____ Mother _____ Father, Other _____

Parents	Mother	Father
Name		
Address		
Cell Phone		
Home Phone		
E-mail		
Religion of parent		
Church where registered		
I prefer notifications to be sent by : Please circle your preference	Cell phone, text, e-mail	Cell phone, text, e-mail

Registration Fee: \$40.00 per child, by August 31.

Sacramental Fee: **\$40.00-This fee pertains to First Communion and Confirmation students only**

Please make checks payable to St. Anthony's Religious Education. You can mail it to 145 Center St. Milan, Ohio 44846 or drop it in the collection at either parish. **Opening Day is September 11.**

St. Anthony/St. Mary Media Release Form

The purpose of this form is For my child's pictures to be used in brochures, video, websites, facebook etc.
___ Yes you may use my childs photos. ____, NO I do not give permission

Signature of parent or guardian _____ Date _____

Please note: For your child's protection I will never use picture and name together on website or Facebook.

St. Anthony/St. Mary Medical Release

In the event reasonable attempts to contact me at _____ or _____
Phone #

Has been unsuccessful, please contact the following person who has my permission to make emergency medical decisions for: _____,
Name of Child Name of Child

Name of Adult: _____

Relationship to child: _____

Phone Number: _____ Cell # _____

If they are not available, I give my consent for the release of the emergency medical authorization form to the designated preferred dentist, physician or hospital:

Preferred Dentist: _____ Phone Number: _____

Preferred Doctor: _____ Phone Number: _____

Preferred Hospital _____ Phone Number _____

This authorization does not cover major surgery unless the medical opinions of TWO licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

St. Anthony/St. Mary PSR Activity Permission 2022-2023

My child/children _____ have permission to participate in any and all class projects, field trips and activities in connection to the Religious Education Program at St. Anthony Parish 145 Center St. Milan, Ohio 44846 or St. Mary Parish, 38 W. League St. Norwalk, Ohio 44857.

In the event of accident or injury, I will not hold St. Anthony Parish, St. Mary Parish, its staff, volunteers, etc. financially or personally liable.

Signature of Parent/Guardian

Date

Valid: 7/11/2022-5/8/2023