

**ST. ANTHONY
PARISH SCHOOL OF RELIGION REGISTRATION
2023-2024**

FAMILY NAME _____

Please print clearly

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			
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		
City		
Zip Code		
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: There is an added \$40.00- Sacramental Fee 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 10.**

St. Anthony 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 child's 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 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 PSR Activity Permission 2023-2024

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.

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

Signature of Parent/Guardian

Date

Valid: 9-11-2023- 6-7- 2024