St. Anthony - Parish School of Religion
2019-2020 Student Registration

Student's Full Name: _____ **Gender** Male Female
(First) (Middle) (Last)

Date of Birth: _____ **Day School:** _____ **Grade** _____

Home Phone: _____ **Cell #** _____ **E-Mail:** _____

Home Address: _____
(Street) (City) (Zip)

Emergency Contact _____ Phone _____ Relationship_____

Mother's full name: _____
(First) (Middle) (Last)

Mother's Maiden Name: _____

Religion: _____ Practicing (attend services 3-4 Sundays a month)? Yes No

Parish of Registration _____ Marital Status:_____

Father's full name: _____
(First) (Middle) (Last)

Religion: _____ Practicing (attend services 3-4 Sundays a month)? Yes No

Parish of Registration _____ Marital Status: _____

Are parents married to each other? Yes No

Legal Guardian(s) if other than parents:

_____ Guardian's relationship to Student: _____

Sacramental Records (fill in those that apply)

	Church	City, State	Date
Baptism	_____	_____	____/____/_____
1st Eucharist	_____	_____	____/____/_____
Confirmation	_____	_____	____/____/_____

If your child will be attending First Communion or Confirmation classes (and they were not baptized at St. Anthony's) please provide a copy of their Baptismal record.

Baptisms are arranged through the Parish Office, 440-288-0106.

(Fees: 1 Student - $45, 2 Students - $85, 3 Students - $120 // Make checks payable to "St. Anthony Church")

For Office Use

Paid: _____ Date: _____/_____/_____ Check No. _____

Please complete the reverse side of this form.

Emergency Medical Authorization

Student will not be admitted to class until this form is signed and returned

Students Full Name: _____
(First) (Middle) (Last)

Doctor: _____ Phone:_____

Hospital: _____

Health or learning issues of which we should be aware
(ADHD, Learning Disability, Epilepsy, Diabetes, Allergies, Etc)?

_____

_____

Part I: To grant consent
In the event reasonable attempts to contact me (or the child's other parent) at the phone numbers listed with the religious education office have been unsuccessful, I hereby give me consent for (1) the administration of any treatment deemed necessary by the doctor listed above or the dentist listed above, or in the event the designated preferred practitioner is not available, by another licensed physician and/or dentist; (2) the transfer of the child to the preferred hospital listed above or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists concurring in the necessity for such surgery are obtained before the surgery is performed.

_____ _____
Date Signature of parent/guardian

Do not complete this part if you completed part I

Part II: Refusal to consent
I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the religious education office to take no action or to:

_____ _____
Date Signature of parent/guardian