

**St. Anthony of Padua  
Parish School of Religion  
2022-2023 Student Registration**

Student's Full Name: \_\_\_\_\_ Gender \_\_\_\_\_  
(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)

	<u>Church</u>	<u>City, State</u>	<u>Date</u>
Baptism	_____	_____	____/____/____
1 <sup>st</sup> 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 - \$55, 2 Students - \$100, 3 Students - \$135 // 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

*By typing my name above, which shall constitute my electronic signature, I acknowledge that I am the parent or legal guardian of the Child(ren) named in this registration and have the authority to sign this document and act on his/her or their behalf. I agree that my electronic signature is intended to authenticate this writing and to have the same force and effect as my manual signature.*