2018-2019 St. Anne/St. Anthony Parish School of Religion (PSR) Registration Form

Class times: $1^{st} - 6^{th}$ Grades meet 8:30am – 10:15am

7th – 11th Grades meet 11:30am – 1:00pm > Classes <u>usually</u> meet every other Sunday

PSR Fees: 1 child - \$35 2 children - \$60 3 or more children - \$75

There is an additional \$35 sacramental preparation fee for students entering the 2nd grade.

> Classes <u>usua</u>	ing meet every other sand	ay	* Registration	will not be complete ι	until fees are paid			
Last name First name		Male or Female	Date of birth	School & grade entering	Returning, New or Sacrament Only	Allergies or Special Needs (allergies, medical conditions, learning difficulties, behavioral disorders, etc.)		
New students who did	<u>not</u> receive the sacramen	ts of Baptis	m or First Eucharist	at St. Anne or St. Anti	hony must provide c	ertifica	tes with this registration.	
Family Info Father's Na	ly Info Father's Name: Father's Cell #:						☐ □ Both Parents	
Mother's N		Mother's Cell #:						
Home Address:			City: Zip Code:				☐ Mother & Stepfather ☐ Father & Stepmother	
Home Phone #:		Email A	_ Email Address:				-	
Church Parish (circle one): St. Anne St. Anthony		All parents are asked to assist our PSR Program. Please indicate how you would like to help: Teacher / Substitute Teacher / Teacher's Aide / Student Drop Off/Pickup						
Emergency Contact (other than parents)								
Name:		Phor	Phone #'s: Relationsh					
Medical Release: In case of child/children. I realize that cannot be reached. I furthe Public Information & Commont Child/children's name and	nt the recommendations er authorize the medical Imunication Release: I g	of emerge personnel rant perm	ncy medical servic of the hospital to ission for St. Anne,	e will determine wh care for and treat m /St. Anthony Catholi	ich hospital my chi ny child c Church PSR and Y	ild will Youth I	Yes No Ministry Office, to use my	
My signature indicates tha expectations.	t I have circled above, a	nd I agree	that I have viewed	d the PSR student ho	andbook on the pa	ırish w	ebsite and agree to meet the	
	(Parent/Guar	dian Signa	an Signature required)			Date		
			For office use only: Fee Paid \$			Cash or Check # Date		