

# 2019-2020 St. Anne/St. Anthony Parish School of Religion (PSR) Registration Form

**Class times:** 1<sup>st</sup> – 6<sup>th</sup> Grades meet 8:30am – 10:15am  
 7<sup>th</sup> – 11<sup>th</sup> Grades meet 11:30am – 1:00pm  
 > Classes usually meet every other Sunday

**PSR Fees on/before June 15, 2019.....**1 child - \$35 2 children - \$60 3 or more children - \$75  
**PSR Fees after June 15, 2019.....**1 child - \$45 2 children - \$75 3 or more children - \$95

There is an additional \$35 sacramental preparation fee for students entering the 2<sup>nd</sup>, 10<sup>th</sup> or 11<sup>th</sup> grades.

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 not receive the sacraments of Baptism or First Eucharist at St. Anne or St. Anthony must provide certificates with this registration.\**

**Family Info** Father's Name: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

**My child/children reside with**

Both Parents  
 Mother  Father  
 Mother & Stepfather  
 Father & Stepmother  
 Other \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ 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: \_\_\_\_\_ Phone #'s: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Release:** In case of emergency, I grant permission to St. Anne/St. Anthony Catholic Church to provide and/or obtain medical attention for my child/children. I realize that the recommendations of emergency medical service will determine which hospital my child will be taken to in the event I cannot be reached. I further authorize the medical personnel of the hospital to care for and treat my child..... **Yes** **No**

**Public Information & Communication Release:** I grant permission for St. Anne/St. Anthony Catholic Church PSR and Youth Ministry Office, to use my child/children's name and/or photograph in St. Anne/St. Anthony parish flyers, parish bulletin, parish website or social media..... **Yes** **No**

*My signature indicates that I have circled above, and that I agree to abide by the policies and procedures of the St Anne/St Anthony PSR program.*

\_\_\_\_\_  
 (Parent/Guardian Signature Required) (Parent/Guardian Name Printed) Date

For office use only: Fee Paid \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Date \_\_\_\_\_