

2021—2022 ST. ANTHONY OF PADUA RELIGIOUS EDUCATION REGISTRATION

Family Last Name: _____

Are you a Parishioner? YES NO /Do you purchase SCRIP? YES NO

Father _____ Religion _____

Cell Phone # _____ Work Phone # _____

Mother _____ Religion _____

Cell Phone # _____ Work Phone # _____

Home Phone _____

Address _____

City/State/Zip _____

Family Email _____

Is this new contact information? Yes No

Child(ren) resides with:(circle) Both Parents Father Mother Step Parent Oth-

TUITION TABLE (circle tuition due—Payment requested at time of registration)

One child	\$75.00
Two children	\$150.00
Three children or more	\$225.00

*Non-Parishioner \$100.00 each child (must be paid when registering unless arrangements are made). **Submit payment to: St. Anthony Religious Education, 2510 Richmond NW, GR, MI 49504**

Recd by: _____ Amt pd: _____ Ck #: _____ Cash: _____ Date: _____

PARISH SUPPORT: In keeping with the parish emphasis toward the biblical norm of stewardship and tithing, all parish families should contribute 5% of their weekly income in the weekly offering. If you have not embraced this stewardship lifestyle, as a Religious Education parent, an \$18.00 per week minimum contribution is recommended.

I/We have read and understand the Tuition and Support Policy of St. Anthony of Padua Religious Education Program. With this understanding, we wish to enroll our child(ren) in the St. Anthony of Padua Religious Education Program for the 2021-2022 school year.

Parent/Guardian Signature _____ Date _____

CLASS DAY AND TIME

Sunday 10:15 AM—11:15 AM

Student Information

1st Child Name

First _____ Last _____

DOB _____ Grade in Fall 2021 _____

Name of School _____

Sacraments Received (Circle)

Baptism Reconciliation Eucharist Confirmation

2nd Child Name

First _____ Last _____

DOB _____ Grade in Fall 2021 _____

Name of School _____

Sacraments Received (Circle)

Baptism Reconciliation Eucharist Confirmation

3rd Child Name

First _____ Last _____

DOB _____ Grade in Fall 2021 _____

Name of School _____

Sacraments Received (Circle)

Baptism Reconciliation Eucharist Confirmation

PLEASE SEE OTHER SIDE

DIOCESE OF GRAND RAPIDS

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible.

Family Name _____

Name of Child(ren) _____

Family Address _____ Phone _____

Emergency Phone _____ Cell/Pager _____

Family Physician _____ Phone _____

Address _____ City _____

List allergies, medication, contacts or other pertinent comments:

Health Insurance Data:

Company _____ Policy _____

Group _____ Contract _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I certify that I am the

____ Custodial parent ____ Legal guardian of the minor child(ren) named above, and I agree to the above terms for myself and for my minor child(ren).

Date _____ Signature _____

MEDIA RELATIONS/PROMOTIONS RELEASE

PLEASE SIGN BELOW

I give my permission to St. Anthony of Padua, Grand Rapids, MI to use photographs, videotape, website photos, or any likeness for publicity purposes and the use of statements for this or similar promotions and grant St. Anthony any and all rights to said use without compensation. It is my understanding that my signature below releases St. Anthony of Padua and the Catholic Diocese of Grand Rapids from any financial or legal responsibility for the use of this media relations/promotional materials.

PLEASE CIRCLE YES OR NO

Yes No

Signature _____ Date _____

TIME AND TALENT

I would like to share my time and talent with the Religious Education Program in the following way:

Catechist

Substitute Teacher

Catechist Aide

Hall Monitor

Special Projects

NAME _____