

Saint Anthony of Padua Parish School of Religion

Registration for Kindergarten 2019-2020

Office Use Only

Date _____
 Rec'd _____
 Initial _____
 Ck # _____
 Amt _____

Basic Information *Please print clearly.*

PARENTS NAME _____
ADDRESS _____

PHONE _____
EMAIL _____

NAMES OF CHILDREN ATTENDING

<i>First name</i>	<i>Last name,</i>	<i>Nickname</i>
<i>First name</i>	<i>Last name,</i>	<i>Nickname</i>
<i>First name</i>	<i>Last name,</i>	<i>Nickname</i>
<i>First name</i>	<i>Last name,</i>	<i>Nickname</i>

DAY SCHOOL ATTENDING

Table of Tuition and Fees for 2019-2020

FAMILY SIZE	TUITION
1 child	50.00
2 children	80.00
3 or more	110.00

Kindergarten
Tuition Commitment--Please Check One

Paid in Full

By automatic withdrawal September –April
See information on page 2

First Preference Contact _____
Second Preference Contact _____
Third Preference Contact _____

Signature of Parent/Guardian

Date

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ELECTRONIC TUITION PAYMENT FORM FOR 2019-2020

This form authorizes

St. Anthony of Padua Catholic Church

3009 High Ridge Blvd. • High Ridge, MO 63049
(636) 677-4868

to use electronic fund transfers as a means of receiving monthly tuition payments. Payments of – **circle one**

AUTOMATIC WITHDRAWAL PAYMENTS*	
FAMILY SIZE	WITHDRAW ON THE 5TH OF EACH MONTH
1 child	\$6.25
2 children	\$10.00
3 or more	\$13.75

*are to be withdrawn on the 5th of each month beginning with September 5, 2019 through April 5, 2020, or until the total remaining tuition is paid.

If this withdrawal does not clear my bank, St. Anthony of Padua reserves the right to continue to attempt this transaction weekly along with any and all banking fee(s) that may result from the funds not being available for withdrawal. Should I need to reschedule an automatic transaction for whatever reason, I will call the rectory office at least 5 days prior to the payment date.

Signature

Date

Attach a Voided Check Here

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PSR EMERGENCY INFORMATION CARD

Student Name: _____
Last First

Parents/Guardian: _____
Mother Father Guardian (if applicable)

Address: _____
Street City State Zip

Phones: _____
Mother: Home Cell Work Father: Home Cell Work

Two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name: _____ **Phone:** _____
Home Cell Work

Address: _____
Street City State Zip

Name: _____ **Phone:** _____
Home Cell Work

Address: _____
Street City State Zip

Health information which PSR should know about student, including any medication information, and wishes for handling any physical/medical emergency:

In case of accident or serious illness, I request the PSR to contact me. If the school is unable to reach me, I hereby authorize the PSR to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the PSR may follow my instructions above or make whatever arrangements seem necessary.

Signature of Parent or Guardian Date

Local Physician: _____
Name Phone: Office Emergency

Emergency Center/Hospital _____ **Phone** _____

Address: _____

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St. Anthony PSR 2019-2020 Photo Permission Form

The PSR students participate in a variety of activities in the classrooms and on the parish grounds throughout the school year. Occasionally teachers or other staff members may take photos of the students during these activities. The photos of the students are displayed in the classrooms. Occasionally some of the photos may appear in the Sunday bulletin. The photos in the bulletin can be viewed on the internet on St. Anthony Parish website and on Facebook.

For the safety of our students, the St. Louis Archdiocese mandates that permission is needed from parents/guardians for the students to be photographed and for students' photos to appear in the parish bulletin which can be viewed on the internet on St. Anthony Parish website and on Facebook.

CHOOSE ONE:

_____ **Yes**, I give permission for my child(ren) to be photographed during PSR class.*

_____ **No**, I do not give permission for my child(ren) to be photographed during PSR class.

***If you give permission for your child(ren) to be photographed, choose one of the following:**

_____ **Yes**, my child(ren)'s photos can be placed in the parish bulletin which can be viewed on the internet on St. Anthony Parish website and on Facebook.

_____ **No**, I do not want my child(ren)'s photos to be placed in the parish bulletin which can be viewed on the internet on St. Anthony Parish website and on Facebook.

Name(s) of child(ren):



Parent/Guardian signature:

Date:
