



2023-2024 Elementary Registration

Grades K – 4th

Name/Address Information

Parent(s)/Guardian(s) _____
 (with whom child lives) Last Father's First Mother's First Mother's Last if different

Address _____ Phone #'s _____
 Street City Zip

Best Email Addresses: _____

Emergency contact: Name and Phone Number _____

Are you interested in volunteering? Yes No

Are you a registered member of this parish? Yes No If no, where are you registered _____

Allergies and/or any special needs please explain: _____

K & 1st Grade Atrium, Tuesday 5:00-6:30pm or Wednesday 4:15-5:45pm						
Student First & Last Name	Grade	School	Gender	Date of Birth	Check box for day preferred	
					Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>
					Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>

2nd Gr. (and up) - First Comm. Prep., Tuesday 5:00-6:30pm or Wednesday 4:15-5:45pm						
Student First & Last Name	Grade	School	Gender	Date of Birth	Check box for day preferred	
					Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>
					Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>

3rd & 4th Grade, Monday 6:00-7:30pm or Tuesday 5:00-6:30pm						
Student First & Last Name	Grade	School	Gender	Date of Birth	Check box for day preferred	
					Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>
					Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>

Medical and Liability Release

I certify that I am the (check one) _____ custodial parent _____ legal guardian of the minor child(ren) named above. In the event of sickness or medical emergency where I am not present and cannot be reached, I request that my child(ren) receive any medical attention or treatment deemed necessary by the Staff or Volunteer leaders of St. Patrick-St. Anthony Parish. The above-named child(ren) has my permission to travel for medical treatment in a privately owned vehicle or ambulance. In addition, I do hereby authorize treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment, or undue discomfort if delayed.

Parent/legal guardian signature: _____ Date _____

Photo Release

I understand that through their participation in this program, my child(ren) listed on this registration may be photographed for use in promotion of diocesan programs.
 As parent/legal guardian, I DO GIVE _____ I DO NOT GIVE _____ permission for my child(ren) to be photographed during this program.

2023-24 Registration Fees
\$40.00 for one child, **\$75.00** for two or more
 Max \$75.00 per family

****Payment is expected at time of Registrtion****
 If financial help is needed, please contact Tony Allen x121

****Office Use Only****

Total Owed: _____ Amount Paid: _____
 Balance Due: _____

Check here if Tuition assistance is requested:

Cash Check# _____ Credit Card