

# Saint Anthony of Padua Parish School of Religion

## Registration for Kindergarten 2018-2019

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**Office Use Only**

Date \_\_\_\_\_  
 Rec'd \_\_\_\_\_  
 Initial \_\_\_\_\_  
 Ck # \_\_\_\_\_  
 Amt \_\_\_\_\_

**Basic Information** *Please print clearly.*

**PARENTS NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_  
**PHONE** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_

**NAMES OF CHILDREN ATTENDING**

\_\_\_\_\_  
*First name                  Last name,                  Nickname*

\_\_\_\_\_  
*First name                  Last name,                  Nickname*

\_\_\_\_\_  
*First name                  Last name,                  Nickname*

\_\_\_\_\_  
*First name                  Last name,                  Nickname*

**DAY SCHOOL ATTENDING**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Table of Tuition and Fees for 2018-19

FAMILY SIZE	TUITION
<b>1 child</b>	50.00
<b>2 children</b>	80.00
<b>3 or more</b>	110.00

**Kindergarten**  
**Tuition Commitment--Please Check One**

**Paid in Full**

**By automatic withdrawal September –April**

*See information on page 2*

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**ELECTRONIC TUITION PAYMENT FORM FOR 2018-2019**

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**

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

\*are to be withdrawn on the 5<sup>th</sup> of each month beginning with September 5, 2018 through April 5, 2019, 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 2018-2019**  
**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:

\_\_\_\_\_

\_\_\_\_\_