

**St Anthony Catholic Parish
Religious Education Registration 2017-2018**

Family Name: _____ Father: _____ Mother: _____
 Address of Child: _____ City: _____ Zip: _____
 Primary Phone: _____ Father cell: _____ text? _____ Father wk: _____
 Mother cell: _____ text? _____ Mother wk: _____
 Father's email address: _____
 Mother's email address: _____
 Mass Usually Attended: 5:00 PM Sat _____ 8:30 AM Sunday _____ 11:00 AM Sunday _____

PreK-1st grade - Children's Liturgy each Sunday during 11:00am Mass
 2nd-6th grade meet each Sunday 9:45-10:45am in the Parish Life Center (upstairs)
 Jr High and High School schedule to be announced.

First Name	Birthday	Grade	Allergies	Seeking Baptism	Seeking Reconciliation	Seeking 1st Eucharist	Seeking Confirmation
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

For students enrolled in a Sacramental class, a copy of their Baptism Certificate is needed.

Medical condition awareness? _____
 Dietary restrictions? _____
 Emergency Contact: _____ Ph: _____ Relationship: _____

Parents, please check at least one of the following ways you are willing and able to assist with RE this year:

Adult presence _____ Special Events _____ Party planning _____ Set up/take down _____
 Other _____

Fees:

Sacramental students \$50.00/student

For all other students enrolling:

\$35.00/first child, \$25.00/each additional child with a \$75.00 maximum per family.

All fees are for registered parish members.

Please make checks payable to St Anthony Parish

Shai LaFleur - Youth Leader: Jr High and High School Youth Group: 406-491-1970 – shai.lafleur@gmail.com
 Debbie Dubé - Volunteer RE Coordinator (preK-6): 239-4246 - saintanthonyre@gmail.com

Office Use: PAID: \$ _____ Cash \$ _____ Ck#: _____

ST. ANTHONY PARISH
217 TREMONT ST.
MISSOULA, MT 59801
406-543-3129

RELIGIOUS EDUCATION MEDICAL RELEASE FORM
PLEASE COMPLETE ONE FORM PER REGISTERED STUDENT

Name of Participant: _____

Grade Level: _____ Age: _____

Parent/Guardian (print name): _____

Address: _____ ZIP: _____

Phone Numbers: _____

Medical Insurance Company: _____

Name of Primary Insured: _____

Insurance Group & Certificate Numbers: _____

Physician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

In case of emergency, notify: _____ Phone #: _____

MEDICAL INFORMATION

Please note any specific medical problems, including allergies: _____

Current or ongoing medications: _____

Other information we should know concerning your child: _____

I, the undersigned, hereby grant permission for my son/daughter to be evaluated, diagnosed and/or medicated in accordance with the standard medical practice by licensed medical personnel. I relieve St. Anthony Parish, of the Diocese of Helena, of all consequences that may arise as a result of this treatment. I will not hold St. Anthony Parish, or the Diocese of Helena, chaperones, or representatives responsible in the event of injury. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for any such injuries.

Parent(s)/Guardian(s) Signature: _____ Date: _____