

Saint Anthony of Padua Church
 1627-B Mill Street, Wailuku, Maui, HI 96793-1999
 (808) 242-6040 FAX (808) 242-9375

Junior/Senior High R.E. Registration for 20 - 20
 Please print clearly

Family Name _____

Mailing Address: _____ Zip: _____

Home Address (if different) _____ Zip: _____

Phone Numbers: Home: _____ Cell: _____

Father's Name _____ Phone: _____ Email: _____

Mother's Name _____

First & Maiden: _____ Phone: _____ Email: _____

***New students, please attach a copy of their Baptismal Certificate.**

<u>NAME(S) OF Students</u>	<u>Grade</u>	<u>Birthdate /Place</u>	<u>Yes/No: Baptism</u>	<u>1st Confess.</u>	<u>1st Comm.</u>	<u>New?</u>
1.						
2.						
3.						
4.						

***PLEASE DO NOT FORGET TO FILL OUT THE EMERGENCY INFORMATION OF THE BACK OF THIS.**

Registration Fees:
\$12 per student.
Family rate: \$35.00 (3 or more youth in program)
SCHOLARSHIPS AVAILABLE

Office Use Only: Registration Fee Paid by
 Check: # _____ Cash: _____

EMERGENCY INFORMATION

Name of Physician: _____ Phone: _____

Address: _____ Insurance Plan: _____
No. _____
Group No. _____

Information regarding special needs/allergies/ regular medications/other physical conditions.

<u>Name of child</u>	<u>Special information</u>

Persons to be contacted in case of emergency:

First Choice:

Second Choice:

Name: _____

Relationship: _____

Home No.: _____

Work No.: _____

I, parent/guardian of the above child(ren), hereby consent to his/her/their attending Religious Education classes, and hereby release temporary custody of him/her/them to ST. ANTHONY CHURCH while in attendance. I also authorize ST. ANTHONY CHURCH or its representative to seek and obtain emergency medical care for my child(ren) during the period she/he/they is/are in custody of the church (if delaying such care would endanger life, cause disfigurement, physical impairment or undue discomfort).

Date: _____

Signed: _____
Parent or Guardian