

Additional Information

Allergies or Special Medical/Physical Concerns: _____

Special interests or fears of child:

Academic Concerns:

Emergency Contact Names:

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

Please furnish a copy of the following documents:

_____ Birth Certificate _____ Baptismal Certificate _____ Student
Immunizations

Parent Signature: _____ Date: _____

Parent Name (Please print): _____

The cost is \$17 per day. You may elect to pay weekly or monthly, whichever you prefer. If you pay weekly, payment is due the first day of the week your child attends. If you choose to pay on a monthly schedule, payment is due the first day of the month your child attends. Please note, in a month that has 5 weeks, statements will be invoiced accordingly. You may leave payment with the school secretary, Mrs. Hutchison, in the school office. Payments should be made to St. Anthony School.

My choice of payment is (please check one): _____ Weekly _____ Monthly

Saint Anthony School
Pray Together, Play Together, Learn Together

<i>For Office Use Only</i>	Amount	Check Number	Check Date
Registration Fee (\$100)			