

St. Anthony Catholic Church
 820 Marcum Rd. · Lakeland, Florida 33809
 863-858-8047 www.stanthonyparish.com

VACATION BIBLE SCHOOL
REGISTRATION FORM 2008-2009
For Students entering Kgn – 6th grade in Fall 2008
 Date Received _____ New Student _____ Returning _____

ALL INFORMATION MUST BE COMPLETED: PLEASE TYPE OR PRINT CLEARLY

STUDENT'S MAILING ADDRESS		CITY	ZIP CODE
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MOTHERS NAME (LAST, FIRST) <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		MAIDEN NAME	RELIGION
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OFFICE PHONE	HOME PHONE	CELL PHONE	E-MAIL
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FATHERS NAME (LAST, FIRST) <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		RELIGION
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OFFICE PHONE	HOME PHONE	CELL PHONE	E-MAIL
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STEP - MOTHER'S FULL NAME (if applicable): (LAST, FIRST)	Maiden:
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STEP - FATHER'S FULL NAME (if applicable): (LAST, FIRST)

Language(s) SPOKEN AT HOME:	Racial / Ethnic group (Optional)	St. Anthony Parishioner <input type="checkbox"/> Yes <input type="checkbox"/> No Church Envelope # _____
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STUDENT REGISTRATION *If more than 4 children, please use additional form*

	Child #1	Child #2	Child #3	Child #4
Last Name:				
First Name:				
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Student lives with:	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT/ STEP AARENT <input type="checkbox"/> GUARDIAN	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT/ STEP AARENT <input type="checkbox"/> GUARDIAN	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT/ STEP AARENT <input type="checkbox"/> GUARDIAN	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT/ STEP AARENT <input type="checkbox"/> GUARDIAN
Date of Birth: <i>mm – dd - yy</i>				
School Grade 08-09				

How did you hear about us? Newspaper member of our Church Phone Book
 Word of mouth Friend Other

Referred by _____

Would you like information about St. Anthony Catholic School and / or Youth Faith Formation Classes?

Yes, Please contact me with information. Yes, Please mail information to me.

Best time to call: Mornings Mornings Afternoons Evenings Anytime

VOLUNTEER OPPORTUNITIES

- ✝ Share your precious **Time & Talent** with us and check all those that are of interest to you.
- ✝ Please remember that all volunteers (age 14 and older) **must** be fingerprinted. See us for details. Thank you!

Service Opportunity	Family Member #1	Family Member #2	Family Member #3
<i>Check all those that are of interest to you.</i>			
Volunteer Coordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Group Leaders	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Activity Station Leader	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Snack Helpers	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Home Helpers	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Closing Day Team	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Donations

- ✝ We would appreciate any donations of the following items.
- ✝ **NO PEANUT PRODUCTS PLEASE!**

Our family can help with the following items! 😊

Pretzels (loop style)	<input type="checkbox"/> Yes	Yarn / Plastic String	<input type="checkbox"/> Yes
Cookies	<input type="checkbox"/> Yes	Beads (all colors/sizes)	<input type="checkbox"/> Yes
Drink Mix	<input type="checkbox"/> Yes	Construction paper	<input type="checkbox"/> Yes
Ritz Crackers	<input type="checkbox"/> Yes	PVC 3-6" Long	<input type="checkbox"/> Yes
Grape Juice (any type)	<input type="checkbox"/> Yes	PVC Elbows ¾ - 1 inch	<input type="checkbox"/> Yes
Grapes (June 25th)	<input type="checkbox"/> Yes	PVC Nipple ¾ - 1 inch	<input type="checkbox"/> Yes

Health, Medical, and Educational Information

Information listed below remains confidential and will only be used for purposes related to assisting the Group Leaders as determined by the Director of Religious Education. If more space is needed, please attach sheet to this form

Name of Child #1:				
Chronic Health Conditions:	Food or Environmental Allergies:	Medications currently taking:	Educational or behavioral traits (e.g. gifted, Dyslexic, ADD, slow reader, etc.)	Recent Life events, Issues (New baby, Divorce, Death, Move, etc.)
Name of Child #2:				
Chronic Health Conditions:	Food or Environmental Allergies:	Medications currently taking:	Educational or behavioral traits (e.g. gifted, Dyslexic, ADD, slow reader, etc.)	Recent Life events, Issues (New baby, Divorce, Death, Move, etc.)
Name of Child #3:				
Chronic Health Conditions:	Food or Environmental Allergies:	Medications currently taking:	Educational or behavioral traits (e.g. gifted, Dyslexic, ADD, slow reader, etc.)	Recent Life events, Issues (New baby, Divorce, Death, Move, etc.)
Name of Child #4:				
Chronic Health Conditions:	Food or Environmental Allergies:	Medications currently taking:	Educational or behavioral traits (e.g. gifted, Dyslexic, ADD, slow reader, etc.)	Recent Life events, Issues (New baby, Divorce, Death, Move, etc.)

INSURANCE INFORMATION

Insurance Company:		Identification Number:	
Policy Number:		Group ID Number:	
Family Doctor Name:		Phone:	

EMERGENCY MEDICAL TREATMENT RELEASE

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child, in the event of a medical situation occurring in my absence or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff where the physicians render treatment.

I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent from which such medical providers deem necessary for my child.

Child 1 Name:	Parent Signature:
Child 2 Name:	Parent Signature:
Child 3 Name:	Parent Signature:
Child 4 Name:	Parent Signature:

PICK-UP AUTHORIZATION

Please list below those who are/ are not authorized by you to pick-up your child/ren from class. Please attached any related legal documents.

AUTHORIZED		NOT AUTHORIZED	
1. Name of Authorized:		Name of Not-Authorized:	
Relationship to child:		Relationship to child:	
2. Name of Authorized:		Name of Not-Authorized:	
Relationship to child:		Relationship to child:	
3. Name of Authorized:		Name of Not-Authorized:	
Relationship to child:		Relationship to child:	

I assign to the Diocese of Orlando, St. Anthony Catholic Church and to all its agents; all rights, title and interest in, and to, utilize all photos/videotape recordings made by in which my child(ren) appear(s) in and in connection with the videotaping of Parish activities. (Child's name is not displayed.)

I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my appearance or participation in the photographs/videotape recordings. **Yes** **No**