

## St. Anthony Study Hall St. Anthony of Padua Church

St. Anthony of Padua Church
436 Port Reading Avenue, Port Reading NJ 07064
732-634-6800





## **RETURNING CHILD REGISTRATION**

Welcome back! Please indicate which p	rogram your child is returning to:
School Year Summer Break	<del></del>
Start Date	
child's NameDate Of Birth	
Grade	
Please note any changes, NO CHANG	GE PLEASE INITIAL BELOW
Address Change	
Initial	
Home Phone:	Email:
Initial:	Initial:
Father/Guardian Cell:	Mother/Guardian Cell:
Initial:	Initial:
Employer Information:	Emergency Contact:
Initial:	Initial:
Allergies/Medication/Health:	Physical Limitations/Special Needs:
Initial:	Initial:
Child's Medical Insurance/Doctor:	Any other changes we need to be made aware of:
Initial:	Initial

Consent and Liability Waiver for all Bus Trips		
I,, grant permission for my child	l,to	
participate in trips attended through the St. Anthony Study Hall Program. I agree on behalf of myself, my child's		
other parent(s) and/or guardian(s), and my child named herein, to waive claim or claims that may be derived		
from any incident, accident or injury sustained resulting from participation in the trips during the enrolled		
programs and related activities. I further agree to indemnify, defend, and hold harmless: program sponsors St.		
Anthony of Padua and St. Anthony Study Hall Program; participating diocese, parishes and schools; agencies		
and organizations working collaboratively with the program; all staff, volunteers, representatives, and adult		
supervisors of the aforementioned institutions. I consent to the modes of transportation employed by the		
program staff and representatives.		
Parent/Guardian Signature:	Date:	
Financial Assistance: Catholic Charities: www.cdom.org Community Child Care Solutions: www.communitychildcaresolutions.org		

Department of Children and Family Services: www.state.nj.us/dcf/support/index.html Payment Arrangements Are Available