

St. Anthony of Padua S.T.A.R.S.

45 E. Gainsborg Ave

West Harrison, New York 10604

Phone (914) 949-0212 Fax (914) 949-6669 Email stars@saphw.org

March 2021

Dear Families,

Attached please find the 2021-2022 registration forms for our S.T.A.R.S. program. You can mail it, scan it or drop it in the metal mailbox outside my office. **We accept cash, check and credit cards. You may also use the WeShare online payment program that can accessed through the parish website. The program fee must be received by the start of classes in September.**

Attached you will find the following forms: Registration form, photo release form, pickup form, student emergency form and special needs. **All forms need to be returned.** In late August, you will receive an email with your class/teacher information and calendar.

All **new students and 1st graders** need to submit a copy of their **baptismal certificate** with the registration paperwork. Families can mail in your registration or drop it off at the metal mailbox outside our office **on Columbus Avenue**. Just look for the flag and stairs leading to our door. We will have a special meeting for new parents to review any questions you may have later in the year.

Volunteers to help during Sunday sessions are always welcome. The commitment is one Sunday a month. We are also looking for parents and high school/college students to help out as facilitators/hall monitors. We are also still in need of first grade catechists who would be available to teach twice a month on a Monday.

We are looking forward to another great year and to working with you to help deepen your child's relationship with God.

God Bless,

Mrs. Jean Jacksen

Coordinator, St. Anthony S.T.A.R.S

Email stars@sapwh.org

Office – 914-949-0212

St. Anthony S.T.A.R.S. Registration

45 Gainsborg Avenue
West Harrison, NY 10604

FAMILY INFORMATION	DATE:
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Family Last Name: _____ Email Address: _____

Father's Name: _____ Father's cell/work: _____

Mother's Name: _____ Mother's cell/work: _____

Home Phone number: _____ St. Anthony Parishioner? (y/n) _____

Home Address: _____ City,St.zip: _____

Emergency contact _____ Emergency Ph#: _____

Circle one: Married Single Parent Separated Divorced Widow Legal Guardian

st

FEE: One child - \$250 Two children - \$335 three or more children - \$385
Communion fee: \$150 (2nd grade) Confirmation fee: \$200 (8th grade)

Checks made payable to St. Anthony STARS or pay by credit card

STARS Office use only *****

Program fee date paid _____ Amount paid _____ ck# _____ cash _____ cc _____

Program fee date paid _____ Amount paid _____ ck# _____ cash _____ cc _____

Communion date paid _____ Amount paid _____ ck# _____ cash _____ cc _____

Confirmation date paid _____ Amount paid _____ ck# _____ cash _____ cc _____

STUDENT #1 INFORMATION This form must be submitted with registration

Child Name: _____ Gender: _____ male _____ female

Grade: (as of Sept 20') _____ School: _____

Grade in Religious Education: _____ Birthdate: _____

Special Needs: YES NO (if yes, please fill out attached form)

STUDENT #2 INFORMATION

Child Name: _____ Gender: _____ male _____ female

Grade: (as of Sept 20') _____ School: _____

Grade in religious education: _____ Birthdate: _____

Special Needs: Yes No (if yes, please fill out attached form)

STUDENT #3 INFORMATION

Child Name: _____ Gender: _____ male _____ female

Grade: (as of Sept 20') _____ School: _____

Grade in religious education _____ Birthdate: _____

Special Needs: Yes No (if yes, please fill out attached form)

Student Information/Emergency Form-2021

This form must be submitted with registration

Student #1 Information

Name: _____

Special Medical Conditions/Allergies: _____

Student #2 Information

Name: _____

Special Medical Conditions/Allergies: _____

Student #3 Information

Name: _____

Special Medical Conditions/Allergies: _____

Doctor for Emergency: _____ Ph# _____

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is possible to contact this physician, the representative of the parish catechetical program may make whatever arrangements deem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/guardian Signature: _____ date: _____

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PICTURE PERMISSION/RELEASE FOR PICKUP

This form must be submitted with registration

Dear Parents and Guardians,

In an effort to continue to enhance our Religious Education program and to show all the parents and parishioners all of the children's and catechist's hard work and efforts, we would like your permission to take candid pictures and class pictures of all the students in our program.

Please complete and return this form with your registration forms.

Family Name: _____

_____ You have permission to take pictures of my child/children and display them either in the Religious education or the church.

_____ I prefer you do not include my child/children in any of the pictures.

Parent Signature: _____ **Date:** _____

DISMISSAL RELEASE TO THE PARKING AREA

For grades 4th through 8th: I give permission to have my child dismissed from class without a parent. They will meet me in the parking lot or will walk home from school.

Parent Signature: _____ **Date:** _____

SPECIAL NEEDS RELIGIOUS EDUCATION

Information Sheet -2021

Confidential information is used by the CRE and the class catechist. Please indicate any information that would help us teach your child, e.g. medical conditions, learning disabilities, reading difficulties, allergies, etc.

STUDENT'S LAST NAME _____ First Name _____

Grade _____ Phone Number _____

Child's Special Need: _____

Please understand that we will try to add assistance to the classroom for your child provided we have volunteers. It may be necessary to home school your child if we cannot provide additional help in the classroom.

Please check all that apply:

_____ Reading Difficulty

_____ Comprehension Difficulty

_____ Processing Difficulty

_____ ADD

_____ ADHD

_____ My child receives assistance in the public school.

_____ An aide is with my child throughout the day.

_____ My child attends an additional support class.

_____ My child has specific allergies which are: _____

_____ Seizure disorder

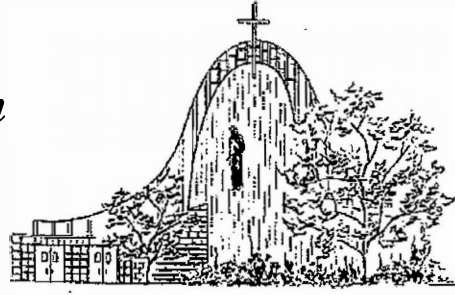
_____ Other: _____

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VOLUNTEER FORM

Please consider sharing your talents and energy with the St. Anthony Religious Education family. Your participation in the program will enrich your child's experience and greatly enhance our community! Thank you in advance for your generous service.

Name: _____

Phone #: _____

Email :

_____ **Catechist**

_____ **Substitute**

_____ **Hall Monitor / Help with arrival and departure of children**

_____ **Teacher's Aide- review home school work while class is being taught**

_____ **Help in Classroom with special needs students**