

**ST ANTHONY ARABIC SCHOOL
REGISTRATION FORM**

OFFICE USE ONLY

Date Received: _____ Initials: _____
Payment Received: YES / NO Amount: _____
Cash: _____ Check: _____

GENERAL INFORMATION

Last Name _____ Child's First Name _____
Date of birth _____ Grade next fall _____
Mother's Name & (Maiden Name) _____ Cell # _____
Father's Name _____ Cell # _____
Address: (City, State, Zip Code) _____
Email _____

(Class assignments and ALL important notifications will be emailed to this address)

Registration Fees: \$ 300.00 Per Semester

Payment Methods: Check # _____ Amount: \$ _____ Cash Amount: \$ _____

Credit Card (processing fee 2.75%)

CC # _____ MM/YY _____ CVV _____

Cash & Checks are accepted.

Make payable to: St Anthony Maronite Church

MEDICAL CONCERNS: Please inform us of any learning challenges, social concerns, medications, allergies or other information: _____

IMPORTANT INFORMATION: In an emergency, and if a parent cannot be contacted, you have my permission to contact the following person to help make decisions regarding the care for my child:

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

I hereby consent and authorize Father Elie Mikhael or his designated representative, to obtain and provide for my son/daughter any and all medical care or treatment which might become necessary, until either parent or the emergency contact person can be reached. I further expressly release and waive Father Elie Mikhael, his designated representative, and St. Anthony Maronite Church, and the Eparchy of St. Maron of Brooklyn, from any liability, action, claim, cause of action which I might otherwise have in the event of illness or injury during the period that my son/daughter is attending the Arabic School.

Parent Signature: _____ Date: _____

PHOTO RELEASE (Please check appropriate box below)

AUDIO VISUAL TAPING AND PHOTOGRAPHY CONSENT: On occasion, videotape, audio tape, slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and another printed media. I / We consent / do not consent (check one) to the use of such materials in which I may appear. I release the staff and volunteers of St. Sharbel Mission and the Eparchy of St Maron of Brooklyn, NY from any liability connected with the use of my child's picture or voice recording as part of any of the above or similar activities.

Parent Signature: _____ Date: _____