

**ST. ANTHONY COMMUNITY CENTER**  
**After School Program 2018-2019 Registration Form**

**\$30.00 registration fee per family**

**\*Full payment and Registration Fee Must Accompany This Form.**

Name of all students in same family—Information:

1. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Last Grade Completed \_\_\_\_\_  
First Name Last Name mm/dd/yy

2. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Last Grade Completed \_\_\_\_\_  
First Name Last Name mm/dd/yy

Parent's Name: \_\_\_\_\_  
First Name Last Name

Home Address: \_\_\_\_\_  
Street Address City, State Zip

Email Address: \_\_\_\_\_  
Only used for program updates

**CONTACT TELEPHONE NUMBERS OF PARENTS DURING AFTER SCHOOL HOURS:**

**3:30PM – 6:00 P.M.**

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**LIST PEOPLE AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN PARENTS (PLEASE PRINT LEGIBLY)**

	FIRST NAME	LAST NAME	CONTACT TELEPHONE NUMBER:
1.	_____	_____	_____
2.	_____	_____	_____

I authorize St. Anthony School and Community Center to use any photos taken of my child(ren) in AfterSchool to be used for print or video pertaining to the promotion of St. Anthony.

**WAIVER OF LIABILITY:** I, the undersigned, believing programs of St. Anthony Foundation to be beneficial, do hereby give my consent for my son/daughter, indicated above, to participate in St. Anthony Community Center program. Realizing that St. Anthony Foundation is a non-profit organization, and in consideration of the benefits derived by my son's/daughter's participation in the above mentioned program, I hereby agree to protect St. Anthony Foundation and all of their representatives, employees, agents, coaches, and officials, and do hereby hold all such people and entities, harmless of and from any loss, liability, claim, injury, damage, or expense of any nature whatsoever which might be incurred, or otherwise accrue, to my child or to the undersigned, by virtue of his/her participating in or being present during this program. To include, but not limited to, travel to and from field trips whether by my own means, school provided means or otherwise. I certify that a physician has examined my child within the past year and that he/she is physically fit to participate in the St. Anthony Foundation. I understand that it is my responsibility to provide any insurance deemed necessary by me to cover any injury to my child while participating in this program.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

St. Anthony Community Center is a non-profit tax-exempt organization and operates in accordance with the US Department of Agriculture and Texas Department of Human Services policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, political belief, or national origin.

St. Anthony Community Center funciona de acuerdo con la póliza del Departamento de Agricultura de los Estados Unidos y el Departamento de Servicios Humanos de Texas, que prohíbe discriminación a raíz de raza, color, sexo, edad, incapacidad, religión, creencia política, u origen nacional.



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