## St. Anthony S.T.A.R.S. Registration 2023-2024

45 Gainsborg Avenue West Harrison, NY 10604

FAMILY INFORMATION		DATE:			
Family Last Name:		Email Address:			
Mother's Name:					
Father's Name:					
Home Phone number:					
Home Address:					
Emergency contact		_			
Circle one: Married Single I	Parent Separated	Divorced	Widow	Legal G	uardian
Sunday: 8:45-9:50am		each week		d 10am Ma	ass
Monday: 4:00-5:15pm					
Monday: 6:30-8:00pm					
Tuesday: 4:00-5:15pm					
		each week			
Wednesday: 6:30-8:00		each week			
Families need to attend Mass each week to complete the weekly curriculum					
FEE: One child - \$300 Two children - \$400 three or more children - \$500					
Communion fee: \$1	, , ,				•
Checks made paya	ble to St. Anthony	STARS or	pay by c	redit car	d at
sapwh.org					
STARS Office use only *****	*******	*****	*****	*****	****
Program fee: date paid					
Communion: date paid	Amount paid	d t	ck#	cash	cc
Confirmation: date paid	Amount pa				cc

## STUDENT #1 INFORMATION This form must be submitted with registration Child Name: \_\_\_\_\_ Gender: \_\_\_\_\_ male \_\_\_\_\_female Grade: (as of Sept 23') \_\_\_\_\_ 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 23') \_\_\_\_\_ 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

(2)

Grade: (as of Sept 23') \_\_\_\_\_School: \_\_\_\_

Grade in religious education \_\_\_\_\_\_ Birthdate: \_\_\_\_\_

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