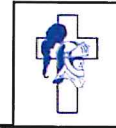


**St Anthony School**  
1801 Winton Way, Atwater, CA 95301



**(PLEASE FILL ALL BLANKS ON FORM COMPLETELY)**

## Summer Enrichment Program Registration Form 2021

Date \_\_\_\_\_ Current Grade \_\_\_\_\_  
Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Middle  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Child is living with: Both parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Step Parent \_\_\_\_ Guardian \_\_\_\_  
If Guardian, Give Name, Address, and Phone Number: \_\_\_\_\_  
Siblings (include ages) \_\_\_\_\_  
Last School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information: In an emergency, if we are unable to reach you, whom else may we call? We must be able to reach someone in an emergency! A Family member, friend or neighbor.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Medical Information

Allergic to:

Medications: \_\_\_\_\_ Foods: \_\_\_\_\_  
Insects: \_\_\_\_\_ Plants: \_\_\_\_\_

Is student taking any daily medication? Yes/No \_\_\_\_\_ What kind? \_\_\_\_\_

Medical Conditions: please complete if your child has a medical condition such as asthma, etc:  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ ID Number \_\_\_\_\_

**Summer Enrichment Program runs June 21—July 16;  
8:30am—12:30pm; Monday-Friday.  
The total cost of \$250 Tuition & \$30.00  
Registration Fee is due before the first day of the program.**