

Registering Family Information	
Family Name:	
Family Address: (street, city, state, zip code)	
Family Home Telephone:	Family Email:
Father/Guardian Information	
Father Guardian Name: (last, first, middle)	Home Telephone Number: (If different than family)
	Cell Phone Number:
Home Address: (If different than family)	Father/Guardian Email Address:
Occupation:	Employer/Company Name:
Can You Be Contacted at Work? (circle one) Yes      No	If Yes, Work Telephone Number:
Mother/Guardian Information	
Mother Guardian Name: (last, first, middle)	Home Telephone Number: (If different than family)
	Cell Phone Number:
Home Address: (If different than family)	Mother/Guardian Email Address:
Occupation:	Employer/Company Name:
Can You Be Contacted at Work? (circle one) Yes      No	If Yes, Work Telephone Number:
Important Custody Information (if applicable)	
Do parents have shared parental responsibility? (circle one) Yes      No      If yes, please provide a copy of the court order.	
Is there a visitation order or other court order banning either parent from removing the student or coming into contact with the student during the school day? (circle one) Yes      No      If yes, please provide a copy of the order.	

**Illness/Emergency Dismissal Information**

Provide the name(s) of person(s), other than parents, allowed to pick up the student.

Name (First, MI, Last)	Relationship to Student	Phone #

Do not allow my child(ren) to be picked up by:

**Family Medical Treatment Release Form**

Primary Doctor or Clinic:	Address:	Phone Number:
Dentist:	Address:	Phone Number:
Other Health Care:	Address:	Phone Number:
Insurance Carrier:	Policy Number:	

*Detailed Student Health Forms will be updated at the beginning of the school year.*

I \_\_\_\_\_ (Parent/Guardian) give St. Mary's School and its designated representative permission to transport and sign all forms related to the necessary emergency medical treatment for \_\_\_\_\_ (child(ren)). I also permit any and all required medical treatment to be administered by qualified personnel, including calling 911.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Siblings Not Attending St. Mary's School**

Sibling Name:	Date of Birth:	School:	St. Mary Alumni:

**School Correspondence**

Receiving School Correspondence, please select preference:

Mother:  Voice  Email  Text  Mail    Father:  Voice  Email  Text  Mail

**Important Parent/Guardian Consent Requirements**

**Scrip Purchasing:**

I understand that each family is required to purchase \$2,500 of scrip per child, with a \$5,000 family maximum requirement. The family balance of unpurchased scrip will be billed out at 10% of the remaining scrip balance in the middle of May. You may also elect to buy out of this program at \$250 per child or \$500 family cap which could be added to FACTS. Once your family has met the required amount of scrip purchases, 1% of any additional purchases will be applied as a deduction on your family's tuition the following school year. If your child is in 5<sup>th</sup> grade and doesn't have any younger siblings registering the next year, a refund check will be issued at the end of the current school year.

- I would like to buyout \$250 single or \$500 Family
- I plan to purchase scrip \$2,500 single or \$5,000 Family.

Name two households whose purchases can be credited to your family's account.

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Family Responsibility for Volunteer Hours:**

Our school parents are vital to the continued success of our school. In order to keep our tuition at a reasonable level, we require each family to volunteer a minimum of 20 hours. If volunteering is not possible, you may elect to buy out and pay \$200 which could be added to FACTS. Please check your choice.

- Volunteer 20 hours
- Buyout Volunteering at \$200

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration Fees:**

A non-refundable Registration Fee and Technology and Supply Fee are due upon registering.

Registration Fee:             \$100 Child    -OR-     \$200 Family            \_\_\_\_\_

Technology and Supply Fee:     \$100 per child X \_\_\_\_\_ Number of Children            \_\_\_\_\_

**Total**            \_\_\_\_\_

**Office Use:**

Amount paid \$ \_\_\_\_\_ Check # or cash: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

St Mary's School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. This registration application is not valid without parent signature(s).

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**The information provided on this registration application form will be used throughout the school year. Please inform the school office immediately of any changes to any of the information. It is important to ensure school records are kept up to date with the most recent information on a student. Thank you!**

<b>Student Information – Please fill out completely</b>	
Student Name: (last, first, middle)      Student Gender (circle one)      Student Date of Birth (mm/dd/yy) Male      Female	
Student Birth Place (city, state)	Student Entering Grade (circle one) Preschool 3 days    Preschool 5 days    4K    5K    1    2    3    4    5
Indicate who child lives with (circle one) Both Parents    Father    Mother    Grandparent    Foster Parent    Other _____	
Student Race/Ethnic Origin: (circle one) White, Non-Hispanic    Hispanic    Asian/Pacific Islander    Black, Non-Hispanic Multiracial    American Indian/Alaskan    Other _____ Language spoken at home:	
Student Religious Affiliation:	Name of church or parish/location where you are registered:
Has student been baptized? (circle one)    Yes    No    Date/Location:	
Has student had first reconciliation? (circle one)    Yes    No    Date/Location:	
Has student had first communion? (circle one)    Yes    No    Date/Location:	
<b>Student Information – Please fill out completely</b>	
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