

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.

Referral

Did a St. Mary School Family refer you? If so, Whom?

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 5th 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) _____

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

Registration Fees:

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

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: _____

Tuition Agreement:

By signing this completed registration form; I understand that tuition is non-refundable and that there are 2 options for payment:

- Monthly payments through FACTS TUITION program
- Payment in full at the beginning of the school year
- In the event that instruction may need to be offered in an alternate format during the school year, I agree to continue paying my planned tuition amount.
- In the event that I am unable to make such payments, I agree to meet with school and/or parish personnel to set up a new payment plan
- In the event that I default on this contract, I agree to pay for all reasonable and necessary costs of collection incurred to collect monies for services provided.

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 _____

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!

Student Information – Please fill out completely

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:

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