

Registering Family Information	
Family Name:	
Family Address: (street, city, state, zip code)	
Family Home Telephone:	
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:	
<i>Detailed Student Health Forms will be updated at the beginning of the school year.</i>			
<p>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)).</p> <p>I also permit any and all required medical treatment to be administered by qualified personnel, including calling 911.</p> <p>Parent Signature: _____ Date _____</p>			
Siblings Not Attending St. Mary's School			
Sibling Name:	Date of Birth	School	St. Mary Alumni

Important Parent/Guardian Consent Requirements

Receiving School Correspondence, please select preference:

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

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.

☐ I plan to purchase scrip \$2,500 single or \$5,000 Family.

☐ I would like to buyout \$250 single or \$500 Family

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 materials fee are due upon registering.

The registration fee is \$100 per child or \$200 per family. The materials fee is \$75 for each student.

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!

Student Information – Please fill out completely	
Student Name: (last, first, middle) Student Gender (circle one) Student Date of Birth (mm/dd/yy) <div style="text-align: center;">Male Female</div>	
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:	If Catholic, name of church/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:	
Student Information – Please fill out completely	
Student Name: (last, first, middle) Student Gender (circle one) Student Date of Birth (mm/dd/yy) <div style="text-align: center;">Male Female</div>	
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Has student had first communion? (circle one) Yes No Date/Location:	

