



# ALL SAINTS CATHOLIC SCHOOL ANNUAL REGISTRATION FORM 2018 - 2019

"Challenging Minds, Inspiring Hearts"

## STUDENT/FAMILY INFORMATION

Grade Registering For: \_\_\_\_\_ For Preschool program:  2 Day 3 year  5 Day 3 year  3 Day 4 year  5 Day 4 year

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

**FATHER** Last: \_\_\_\_\_ First: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

**MOTHER** Last: \_\_\_\_\_ First: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

## MEDIA RELEASE

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity and website.  Yes  No

## OTHER

A **\$150.00 (per student) non-refundable registration fee** will be due at time of registration.

Completed annual registration forms are due by **January 19th, 2018**.

*A complete physical exam documented on the CT State Dept. of Education Health Assessment Record is required for students entering Preschool (yellow Form), Kindergarten and any grade as a new student (blue form). The exam must be dated within 1 year of the child's entry to school. A physical exam (blue form) is also required during the the 6th grade, ie. anytime from July 1 through June of the 6th grade year. Students entering 7th grade must have documentation of receiving Tdap (tetanus/diphtheria/pertussis) and Menactra (Meningococcal) vaccines before the first day of school.*

All tuition for 2017-2018 must be current to register for the 2018-2019 school year.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please enclose a **\$150.00 non-refundable registration fee** payable to: All Saints Catholic School

**Office Use Only:** Amt. Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Early Registration: \_\_\_\_\_ Parish Form: \_\_\_\_\_ Rediker \_\_\_\_\_

