

St. Julie Billiart Parish School of Religion Pre-K-8th Confirmation

NEW STUDENT Registration Form – 2016-2017

TUITION PAYMENT DUE AT REGISTRATION

Name of Student

Last

First

Middle

Address _____

Number

Street

City

Zip

Mother's Name _____

Last

First

Maiden

Address _____

(Fill in only if different from student's)

Phone: Home _____

Work _____

Cell _____

Email _____

Religion _____

Parish in which Mother is registered _____

Father's Name _____

Last

First

Maiden

Address _____

(Fill in only if different from student's)

Phone: Home _____

Work _____

Cell _____

Email _____

Religion _____

Parish in which Father is registered _____

Student's Public School Name and Grade: _____ PSR Grade _____

(Fill in the school name and grade student will begin in September of 2016.)

Student's Date, City & State of Birth _____

Baptismal Certificate Verified By _____ Copy in file _____

<u>SACRAMENT</u>	<u>DATE</u>	<u>CHURCH</u>	<u>ADDRESS</u>
<u>BAPTISM</u>			
<u>FIRST EUCHARIST</u>			
<u>CONFIRMATION</u>			

EMERGENCY INFORMATION

Please list number to call in case of illness or emergency, if a parent cannot be located (i.e., a neighbor or relative).

Name Phone Relationship to Child

List any medical or developmental information of which we should be aware (e.g. allergies, medication, learning disabilities)

List any special circumstances of which we should be aware (e.g. custody of child)

PERMISSION TO PHOTOGRAPH

I hereby (____ give, ____ do not give) permission and authorize St. Julie Billiart Church, its agents, employees, successors and assigns to photograph, or otherwise electronically or digitally record my image (or the image of the minor child for whom I am parent or legal guardian) for publication in printed or electronic form, and for my image (or the image of the minor child for whom I am parent or legal guardian) to be seen and disseminated to the general public in any media form, including, but not limited to a newsletter, poster, display, film, or video.

In consideration of my/my child's participation in a St. Julie Billiart Church program, and wishing to promote and benefit this non-profit cause, I hereby release and hold harmless St. Julie Billiart Church, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns, from any and all liability of claims and demands arising out of the use of my image in any aforementioned media. I specifically waive any rights and claims that I may have or claim for privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages or other relief in law or equity.

(Date)

FEES:

(Parent/Guardian - Signature)

By July 31st \$54 per student / After July 31st \$60 per student

By July 31st \$90 for 2 students/After July 31st \$100 for 2 students

By July 31st \$112 for 3 or more students/After July 31st - \$125 for 3 or more students.

Additional \$25 for each student preparing for First Communion or Confirmation (Circle Sacrament)

Total Fee: _____ Amount Owed: _____ Amount Paid: _____ Date: _____

Received by _____ Check # _____ Cash _____