

# Family Registration Form 2016-2017

St. Catherine of Siena – St. Lucy School  
 27 Washington Boulevard  
 Oak Park, IL 60302

708.386.5286  
 708.386.7328 (fax)  
[www.catherinelucy.org](http://www.catherinelucy.org)

Date: \_\_\_/\_\_\_/\_\_\_

*Please fill in and complete this form along with a copy of your child's birth certificate, social security number, immunization and physical exam health records along with your \$100 registration fee.*

## FAMILY INFORMATION

Parent Last Name	Address	City	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #	Emergency Phone #	Emergency Cell Phone #	Child's Religion
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Last Name	Father's First Name	Father's Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mother's Maiden Name	Mother's First Name	Mother's Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Father's Religion	Mother's Religion	Race/Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Parent's Email Address	Public School District		
<input type="text"/>	<input type="text"/>		

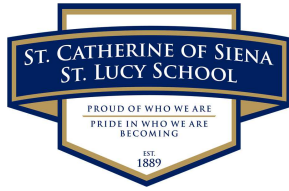
## STUDENT INFORMATION

List the names of children who will be attending St. Catherine – St. Lucy School for the 2016-2017 school year and the grade they will be in.

CHILD'S NAME	GRADE IN SEPTEMBER	BIRTH DATE	SOCIAL SECURITY #	PowerSchool #
1.				
2.				
3.				
4.				

**\$100 REGISTRATION FEE MUST ACCOMPANY THIS FORM. REGISTRATION FEE IS NON-REFUNDABLE.**

Reg. fee paid \_\_\_\_\_  
 Date



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Date: \_\_\_/\_\_\_/\_\_\_

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

Date: \_\_\_\_\_

*Signifies agreement with PARENT CONTRACT on the back of this form.*

## PARENT CONTRACT

I, the undersigned, have enrolled my child/ren in St. Catherine – St. Lucy School for the 2016-2017 term and agree to the following conditions:

I will pay the stated amount of tuition in monthly installments. I further understand that if I do not pay the stated amount of tuition by the 15<sup>th</sup> of each month I will be charged a **\$25 late fee** that month. Failure to pay the monthly tuition rate will result in my child being excluded from school.

I will attend the required Parent Meetings.

I will attend the required Parent Teacher Conferences each quarter. Failure to attend will result in my child's exclusion from school.

I will cooperate with my child's teachers in every way possible in order to ensure that my child is receiving the best education possible.

I will abide by all policies stated in the school's PARENT HANDBOOK. I will pay special attention to the **Acceptable User Policy** and the policies regarding cell phones and electronic devices.

I will worship at St. Catherine – St. Lucy Church or the church of my choice every Sunday with my children.

## Additional Emergency Information

Mother's cell# \_\_\_\_\_

Father's cell# \_\_\_\_\_

Other's cell# \_\_\_\_\_ (Person's name) \_\_\_\_\_

## Parent or Guardian Status

*If not married or together, please answer the following:*

<b>Child resides with:</b>	<b>Who has legal custody:</b>	<b>Billing to:</b>
<input type="checkbox"/> mother	<input type="checkbox"/> mother	<input type="checkbox"/> mother
<input type="checkbox"/> father	<input type="checkbox"/> father	<input type="checkbox"/> father
<input type="checkbox"/> other (please specify)	<input type="checkbox"/> other (please specify)	<input type="checkbox"/> other (please specify)