

New 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

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.

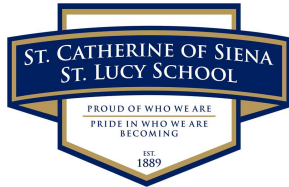
CHILD'S NAME	GRADE IN SEPTEMBER	BIRTH DATE	SOCIAL SECURITY #	PowerSchool #
1.				
2.				
3.				
4.				

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

Reg. fee paid _____
 Date

Parent Signature _____

Date: _____



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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 15th 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:

Child resides with:	Who has legal custody:	Billing to:
<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)