



ALL SAINTS CATHOLIC SCHOOL ANNUAL REGISTRATION FORM 2019 - 2020

"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 18th, 2019**.

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 2018-2019 must be current to register for the 2019-2020 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 _____

