



2021-2022 Elementary Registration

Grades K – 4th

Name/Address Information

Parent(s)/Guardian(s) _____
(with whom child lives) Last Father's First Mother's First Mother's Last if different

Address _____ Phone #'s _____
Street City Zip

Best Email Address: _____ Emergency contact: Name and Phone Number _____

Are you a registered member of this parish? Yes No If no, where are you registered _____

Are you interested in volunteering? Yes No

Kindergarten Atrium, Monday ONLY 4:15-5:30pm

Student First & Last Name	Grade	School	Gender	Date of Birth	Check box
					Monday <input type="checkbox"/>
					Monday <input type="checkbox"/>

1st Grade Atrium, Tuesday or Thursday 5:15 - 6:30pm

Student First & Last Name	Grade	School	Gender	Date of Birth	Check box for day preferred	
					Tuesday <input type="checkbox"/>	Thursday <input type="checkbox"/>
					Tuesday <input type="checkbox"/>	Thursday <input type="checkbox"/>

2nd Grade (and up) - First Communion Prep., Tuesday or Thursday 5:15 - 6:30pm

Student First & Last Name	Grade	School	Gender	Date of Birth	Check box for day preferred	
					Tuesday <input type="checkbox"/>	Thursday <input type="checkbox"/>
					Tuesday <input type="checkbox"/>	Thursday <input type="checkbox"/>

3rd & 4th Grade, Monday 6:00-7:15pm, Tuesday 5:15 - 6:30pm

Student First & Last Name	Grade	School	Gender	Date of Birth	Check box for day preferred	
					Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>
					Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>

PHOTO RELEASE

I understand that through their participation in this program, my child(ren) listed on this registration may be photographed for use in promotion of diocesan programs.

As parent/legal guardian, _____ I DO GIVE _____ I DO NOT GIVE permission for my child(ren) to be photographed during this program.

Parent signature _____ Date _____

MEDICAL TREATMENT RELEASE - As a parent/guardian, I do hereby authorize the treatment of my child by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger, cause disfigurement, physical impairment, or undue discomfort is delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent signature _____ Date _____

2021-22 Registration Fees

\$40.00 for one child

\$75.00 for two or more

Max \$75.00 per family

****Payment is expected at time of Registration.****

If financial help is needed, please contact
Tony Allen x121 or Mellan Hansen x120

Office Use Only

Total Owed _____

Amount Paid: _____

Balance Due: _____

Check here if Tuition assistance is requested:

Cash Check# _____ Credit Card