

Guardian's Full Name _____

Address (if different from above) _____

Home Phone _____ Cell Phone _____

E-mail address _____

Emergency contact *name and phone#*) _____

Relationship of Guardian to Student _____

Please list where your child is entering from _____
(Catholic School, PREP Program at another Parish or Home)

Name of day Public school your child now attends _____

Consent for Medical Care

In case of an emergency, where all attempts at contacting the parent/guardian have failed, I, _____ (parent/guardian) hereby give permission to the Director of Religious Education or individual in charge of SS. Simon and Jude's Religious Education Program to sign for any emergency medical treatment that may be deemed necessary for the proper care and treatment of my child /children listed on the reverse by the medical staff and/or Doctor in charge at whatever medical facility it may be necessary to transport my child/children to at the time of the emergency.

Date: _____
Parent/Guardian Signature

Please note any medical concern you may have _____

Consent for Photo/Name Release

I give permission for my child's name and picture to appear on SS. Simon and Jude website, Church Bulletin, Sacrament Booklets, Bulletin Boards, Social Media, Newspapers and articles in relation to events that happen in the Parish.

Date: _____
Parent/Guardian Signature

I will receive a Student Handbook in September and I agree to read and discuss the rules and regulations with my children.

Date: _____
Parent /Guardian Signature

Registration Fees if paid BY May 18, 2018

3 & 4 year olds and Kindergarten	\$60		
Elementary/Level 1 to Level 6	1 child \$185	2 Children \$290	3 or more children \$360
Youth Group (grades 7 & 8)	\$60		

Registration Fees if paid AFTER May 18, 2018

3 & 4 year olds and Kindergarten	\$70		
Elementary/Level 1 to Level 6	1 child \$210	2 Children \$315	3 or more children \$385
Youth Group (grades 7 & 8)	\$70		

For Office Use Only

Amount _____ Check# _____ Cash _____ Date _____