

REACH REGISTRATION 2011 - 2012

PRINT OUT, COMPLETE, AND HAND IN TO REACH OFFICE.

Tuition: Please enclose payment with registration

One Child - \$155, Two Children - \$195. Three + Children - \$210, Kindergarten ONLY \$60

Please add \$100 to your total for 2nd grade students, this covers Sacrament fee for 1st Communion

Checks will be deposited after July 1st.

Family Last Name _____ Home Phone _____

Address _____ City _____ Zip Code _____

Mother's Information

First Name _____ Maiden Name _____ Last Name _____

Religion _____ Occupation _____

Address (if different than above) _____ **Send Duplicate mail?** _____

Cell Phone # _____ Work Phone # _____

Email Address _____

Father's Information

First Name _____ Last Name _____

Religion _____ Occupation _____

Address (if different than above) _____ **Send Duplicate mail?** _____

Cell Phone # _____ Work Phone # _____

Email Address _____

Names and ages of NON-REACH Children

Emergency Contact Information

In the event of an emergency and a parent cannot be reached, please contact::

Name _____ Phone # _____

Address _____ Relationship _____

Volunteer Information

******* Each family MUST volunteer for one position *******

(See the "PARENT PARTICIPATION OPPORTUNITIES" PARISH WEB SITE LINK with descriptions of the various positions.)

Parent Name _____ Volunteer Position _____ Grade Level _____

Office Use Only:

Tuition Date Paid _____ Amount Paid _____ Check # _____ OR Cash

Background Check Form _____ Policy Receipt Form _____ Training _____
YES or NO **YES or NO** **YES or NO - Date** _____

Student Information

Student One: Name _____ **Grade (Fall 2011)** _____
First middle last nickname

Date of Birth ___/___/___ **Gender: M or F** **Place of Birth** _____ **School attending** _____

Sacrament Information:	Date Received	Name of Church	Address of Church
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Eucharist	_____	_____	_____

Allergies or Sensitivities? (i.e., Foods, insects, chemicals?) No___ Yes___ **Explain:** _____

Special medical or medicine needs? No___ Yes___ **Explain:** _____

Any special modifications or support needed to be successful in the classroom? No_____ Yes_____

Explain: _____

Student Two: Name _____ **Grade (Fall 2011)** _____
First middle last nickname

Date of Birth ___/___/___ **Gender: M or F** **Place of Birth** _____ **School attending** _____

Sacrament Information:	Date Received	Name of Church	Address of Church
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Eucharist	_____	_____	_____

Allergies or Sensitivities? (i.e., Foods, insects, chemicals?) No___ Yes___ **Explain:** _____

Special medical or medicine needs? No___ Yes___ **Explain:** _____

Any special modifications or support needed to be successful in the classroom? No_____ Yes_____

Explain: _____

Student Three: Name _____ **Grade (Fall 2011)** _____
First middle last nickname

Date of Birth ___/___/___ **Gender: M or F** **Place of Birth** _____ **School attending** _____

Sacrament Information:	Date Received	Name of Church	Address of Church
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Eucharist	_____	_____	_____

Allergies or Sensitivities? (i.e., Foods, insects, chemicals?) No___ Yes___ **Explain:** _____

Special medical or medicine needs? No___ Yes___ **Explain:** _____

Any special modifications or support needed to be successful in the classroom? No_____ Yes_____

Explain: _____

Parent Signature _____	Date _____
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