

REACH REGISTRATION 2018 - 2019

Tuition: Please enclose payment with registration

One Child - \$175, Two Children - \$215. Three + Children - \$230, Kindergarten ONLY \$65

Please add \$130 to your total for 2nd grade students, this covers Sacrament fee for 1st Communion

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 *******

Parent Name _____ Volunteer Position _____ Grade Level _____

Office Use Only:

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

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

Student Information

Student One: Name _____ **Grade (Fall 2018)** _____
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? (ie. 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 2018)** _____
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? (ie. 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 2018)** _____
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? (ie. 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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