

**REACH REGISTRATION 2019 - 2020**

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 2<sup>nd</sup> grade students, this covers Sacrament fee for 1<sup>st</sup> 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 \*\*\*\*\***

*(See yellow attachment with descriptions of the various positions)*

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 2019)** \_\_\_\_\_  
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 2019)** \_\_\_\_\_  
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 2019)** \_\_\_\_\_  
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:** \_\_\_\_\_

<b>Parent Signature</b> _____ <b>Date</b> _____
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