



St. Veronica I Roman Catholic Parish

Date: _____
 Amt Paid: _____
 Cash Ck
 Ck#: _____

FAMILY REGISTRATION FORM 2019-2020

Family Name: _____ Father's Name: _____
 Address: _____ Father's Mobile: _____
 City, State, Zip: _____ Father's Email: _____
 Home Telephone: _____ Mother's Name: _____
 New family to REP Returning family Mother's Mobile: _____
 Mother's Email: _____

Permission to pick-up your child other than parent:

Name: _____ Relationship: _____ Phone#: _____

Please place an * next to the primary email address above. This email will receive REP Bi-Weekly Newsletters and, if applicable, sacramental preparation emails.

Registered in: St. Veronica Parish St. John Fisher Parish Other (please specify below)

Parish/Church Normally Attended: _____

New or Returning	Child's Name	Age	Birth Date	Grade for 2019-2020	School district attended	Shirt size
<input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	_____	_____

Note: If any child is **NEW** to the program for the 2019-2020 year, please attach a copy of the child's Baptismal Certificate

Please list any additional information or changes that need to be known about any of your children. (medical, education, custodial parent changes, etc.)

Emergency Contact during class time (other than parents):

(Name) _____ (Relationship) _____ (Contact Number) _____

IN PARISH TUITION RATES (* RECEIVE A \$25 DISCOUNT IF REGISTERED BY MAY 24, 2019)

1 Child - \$115 (*\$90) 2 children - \$185 (*\$160) 3 or more children - \$225 (*\$200)

OUT OF PARISH TUITION RATES (* RECEIVE A \$25 DISCOUNT IF REGISTERED BY MAY 24, 2019)

1 Child - \$145 (*\$120) 2 children - \$215 (*\$190) 3 or more children - \$255 (*\$230)