



FAMILY NAME: \_\_\_\_\_

**RE-REGISTRATION FORM FOR 2010-2011**

COMPLETE ALL BOXES BELOW – RETURN BY **Friday, February 26, 2010**

- Our family WILL BE returning this fall
- Our family WILL NOT be returning this fall
- Our family will be applying for Financial Assistance

**FAMILY INFORMATION**

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Cell Phone (mother) \_\_\_\_\_ Cell Phone (father) \_\_\_\_\_

List the children who will attend St. Therese School for the 2010-2011 school year (first & last name)

| NAME | GRADE | NAME | GRADE |
|------|-------|------|-------|
|      |       |      |       |
|      |       |      |       |

Other children in the home:

| NAME | AGE | NAME | AGE |
|------|-----|------|-----|
|      |     |      |     |
|      |     |      |     |

**Please return the following:**

- Registration Fee of \$100 per child
- Tuition Contract & Financial Obligation Form,
- Pastoral Agreement Form (turn in to YOUR HOME PARISH – St. Therese Parishioners may turn in the form to the school)
- Fair Share Form

|                                                           |
|-----------------------------------------------------------|
| <b>List the Catholic Parish you currently attend:</b>     |
| <b>FATHER EMPLOYER:</b> _____ <b>Work Phone:</b> _____    |
| <b>MOTHER EMPLOYER:</b> _____ <b>Work Phone:</b> _____    |
| <b>Non-Custodial Parent Information:</b> (Name & Phone #) |
| <b>Persons Authorized to Pick Up Child(ren):</b>          |
| <b>1<sup>st</sup> Emergency Contact Info:</b>             |
| <b>2<sup>nd</sup> Emergency Contact Info:</b>             |
| <b>Other Emergency Information:</b>                       |

**In case of accident or serious illness, if neither responsible guardian nor named physician can be reached, do you authorize and direct the school officials to send your child to a doctor and/or hospital for medical treatment?**

Yes  No \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent Signature