

Parish of Registration _____ School District Child/Children Attend _____

 Parents Last Name / First Name / First Name

 Address / P.O. Box / City / Zip Code / Phone Number

Email address _____ Cell phone number _____ (Mother)

Cell phone number _____ (Father)

If you can't be reached in case of an emergency please list another person and phone number to call.

Name _____ Phone Number _____

Relationship to Student _____

Name of Students	Grade	Date of Birth	Student Sunday Collection Envelopes Yes or No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of your children have a current IEP (Individual Education Plan) that we should be aware of? Yes or No

If yes, please list child's name/diagnosis _____
 (name) (diagnosis)

Signature _____ Please check if you can help Teacher _____
 Substitute _____
 Helper _____
 Youth Group Events _____

Religious Ed Fees—Preschool through High School:

All Saints Parishioners	Students outside of All Saints
\$70.00—one student	\$100.00—one student
\$100.00—two students	\$130.00—two students
\$130.00—three students (family maximum)	\$160.00—three students (family maximum)

Office Reference:

Amount Paid _____

Check Number _____