



_____ New to SCL PSR _____ Returning PSR Family

2011-2012 St. Catherine Laboure Parish PSR Registration

Grades 1 - 8 Phone – 314-843-3245, ext. 223 / Fax – 314-843-3196/email: pbrinkmann@sclparish.org

Date _____

Mother's Full Name: _____

Father's Full Name: _____

Mother's Address: _____
 Street _____
 City _____ State _____ Zip Code _____

Father's Address: _____
 (if different from Mother's) Street _____
 City _____ State _____ Zip Code _____

Mother's Home Phone _____ Cell Phone _____

Father's Home Phone _____ Cell Phone _____

Mom's Employer _____ Wk # _____

Dad's Employer _____ Wk # _____

Parent(s) is/are Married Separated Divorced Single Widow Remarried If remarried, name of mother's spouse _____
 If remarried, name of father's spouse _____

Child (ren) live(s) with _____

 Name(s) _____

Relationship to Child (ren) _____

 (e.g. Mom & Dad, Mom & Step dad, Grandparent, Guardian)

Send Correspondence to: Mother's Address Father's Address Both Parents Guardian's Address
 (CIRCLE APPROPRIATE ADDRESS)

E-mail #1: _____ E-mail #2: _____
 PRINT NEATLY PRINT NEATLY

Mom's Religion _____ Dad's Religion _____ Parish Registered In _____

PLEASE REGISTER AS MANY AS FOUR CHILDREN ON ONE SHEET

NAME OF STUDENT			NICKNAME	GENDER M/F	DATE OF BIRTH	GRADE SEPT 2011	NAME OF DAY SCHOOL	SACRAMENTS RECEIVED (circle)			
First	Middle	Last						(If new to PSR, provide date received above Sacrament name)			
								/ / Baptism	/ / Eucharist	/ / Reconciliation	/ / Confirmation
								/ / Baptism	/ / Eucharist	/ / Reconciliation	/ / Confirmation
								/ / Baptism	/ / Eucharist	/ / Reconciliation	/ / Confirmation
								/ / Baptism	/ / Eucharist	/ / Reconciliation	/ / Confirmation

Special Needs we should be aware of (i.e. Jeff is on medication for ... Kerry has serious allergies to ... Wayne experiences difficulty in reading due to...)

CHILD'S NAME	SPECIAL NEEDS/HEALTH CONCERNS

In case of an accident or serious illness, I request SCL PSR to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, SCL PSR may take what ever actions seem necessary.

Physician's name _____ Phone # _____

Physician's name _____ Phone # _____

If parent/guardian is not home, or at the office, in an **emergency** we should call:

Name _____ Relationship to child (ren) _____ Home Ph # _____ Cell Ph # _____

Parishioner Registration and Book Fee:
 \$125.00/One Student (Tuition \$105 + Book Fee \$20)
 235.00/Two Students (Tuition \$195 + Book Fee \$40)
 300.00/Three (Tuition \$240+ Book Fee \$60)
 More than 3 (Tuition \$240 + a \$20 book fee for each student)

Non-Parishioner Registration and Book Fee:
 \$225/One Student (Tuition \$185 + Book Fee \$40)
 375.00/Two Students (Tuition \$295+ Book Fee \$80)
 470.00/Three Students (Tuition \$350+ Book Fee \$120)
 More than 3 (Tuition \$350 + a \$40 book fee for each student)

Family Home Schooling
 \$ 50.00/per Student + \$20.00 book fee for parishioners
 80.00/per Student + \$40.00 book fee for non-parishioners

Please Note: Home Schooling Registrations must be accompanied with a letter informing St. Catherine Laboure of your intent to assume responsibility for your child's religious education.

TUITION: Any returning student registration not mailed or dropped off to the Religious Education Office **by April 18, 2011** will be assessed a **\$25.00 per student late fee.**

Payment or Financial Assistance requests must accompany registration form.

Financial Assistance forms must be completed and returned with this registration form if full payment is not received.

Make check payable to: ST. CATHERINE LABOURE (note "PSR TUITION" in memo)
 9740 SAPPINGTON ROAD, ST. LOUIS, MO 63128

<i>Office Use Only Tuition Installment Plan</i>									
Date	_____	_____	_____	_____	_____	_____	_____	_____	_____
Ck	_____	_____	_____	_____	_____	_____	_____	_____	_____
Amt	_____	_____	_____	_____	_____	_____	_____	_____	_____

<i>Office Use Only</i>	
Tuition Amount Due	_____
Date Paid in <u>Full</u>	_____
Cash	_____
Check #	_____
ENR CNT _____	TCHR WLCM _____
GRDN LTTR _____	PSR HNDBK _____