



\_\_\_\_\_ New to SCL PSR \_\_\_\_\_ Returning PSR Family

# 2010-2011 St. Catherine Laboure Parish PSR Registration

**Grades 1 - 8** Phone – 314-843-3245, ext. 223 / Fax – 314-843-3196/email: [pbrinkmann@sclparish.org](mailto:pbrinkmann@sclparish.org)

Date \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(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: \_\_\_\_\_ PRINT NEATLY E-mail #2: \_\_\_\_\_ 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 2010	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

**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:** \$120.00/One Student (Tuition \$100 + Book Fee \$20)  
 225.00/Two Students (Tuition \$185 + Book Fee \$40)  
 285.00/Three (Tuition \$225 + Book Fee \$60)  
 More than 3 (Tuition \$225 + a \$20book fee for each student)

**Non-Parishioner Registration and Book Fee:** \$220/One Student (Tuition \$180 + Book Fee \$40)  
 365.00/Two Students (Tuition \$285+ Book Fee \$80)  
 455.00/Three Students (Tuition \$335+ Book Fee \$120)  
 More than 3 (Tuition \$335 + a \$40book 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 5, 2010** will be assessed a **\$25.00 per student late fee.**

**Payment or Financial Assistance arrangements must be accompany registration form.**  
**Additional financial arrangements must be made with the Pastor.**

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

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

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