



2018-19 KINDERGARTEN-12TH GRADE REGISTRATION

Please update/complete all sections below

REGISTRATION FEES

KINDERGARTEN – 12TH GRADE

\$80 Early Bird (\$100 after 4/6) non-refundable registration fee – per student / per year _____ *Includes approved uniform top**

SHAMROCK ZONE CHILD CARE REGISTRATION

\$25 per person/\$50 per family non-refundable registration fee / per year _____

TADS Billing - 10 and 12 month plans email billing / \$45 per year _____ postal billing / \$55 per year _____

TOTAL PAID: _____ DATE PAID: _____ CASH _____ CHECK # _____ CREDIT CARD _____
+ 3% processing fee

TUITION

PACELLI CATHOLIC SCHOOLS' TUITION INFORMATION IS ATTACHED. FIRST PAYMENT DUE JULY 15.

KINDERGARTEN – 1st GRADE \$3,900 per year or \$3,300 per year with parish member subsidy of \$600**

2nd Grade – 5th GRADE \$4,400 per year or \$3,800 per year with parish member subsidy of \$600**

6th Grade - 8th Grade \$4,900 per year or \$4,300 per year with parish member subsidy of \$600**

HIGH SCHOOL 9TH – 12TH GRADE \$5,925 per year or \$5,325 per year with parish member subsidy of \$600**

***Pending approval of parish Priest*

I WILL BE REQUESTING FINANCIAL ASSISTANCE.

To receive financial assistance you must turn in 2017 tax forms (1040) to the business office by May 1, 2018.

Free/Reduced Lunch Form will be available after July 1. A NEW FORM MUST BE COMPLETED EACH YEAR.

FAMILY INFORMATION

			<u>NEXT YEAR</u>	<u>Y/N</u>
Student _____	Date of Birth _____	Grade _____	*Shirt Size _____	IEP _____
Student _____	Date of Birth _____	Grade _____	*Shirt Size _____	IEP _____
Student _____	Date of Birth _____	Grade _____	*Shirt Size _____	IEP _____
Student _____	Date of Birth _____	Grade _____	*Shirt Size _____	IEP _____
Student _____	Date of Birth _____	Grade _____	*Shirt Size _____	IEP _____

Address _____ Home Phone _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Email **(required)** _____ Father's Email **(required)** _____

Mother's Primary Language _____ Father's Primary Language _____

_____ Check if interpreter is required

_____ Check if interpreter is required

_____ Check if wifi/email at home *(in addition to cell phone)*

_____ Check if wifi/email at home *(in addition to cell phone)*

EMERGENCY CONTACTS: List 2 people who can pick up your child if you are unable to be reached. *If there are people who are NOT authorized to pick up your child, you must notify the teacher and the office.*

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

What will your child(ren) do AFTER school: ___ Walk Home ___ Picked Up ___ Bus to Home ___ Shamrock Zone
Pick Up ONLY

Do any of your children have allergies or health conditions that we need to be made aware of:

In case of accident or serious illness, the school will attempt to contact me. If the school is unable to reach me, I authorize the school to call for emergency medical treatment and follow any instructions given.

All medications that are to be administered at school (including over-the-counter) medications must be in their original container and must be accompanied by a medical authorization form signed by both the parent and the physician. Forms are available in the school office.

Signature of Parent _____ Date _____

If your child is NEW to Pacelli, attending Preschool, Kindergarten, Shamrock Zone, or 7TH grade, YOU MUST PROVIDE THE SCHOOL WITH THE MOST RECENT IMMUNIZATION RECORD ASAP – Thank you!

Pictures of our students as they are participating in classroom activities, after-school activities, choirs, and other events within Pacelli Catholic Schools are often used in the school's marketing brochures and other system publications. Also, students in athletics or co-curricular activities may have their names listed in club and athletic rosters. Rosters, team pictures, or media action photos may be posted on the Pacelli Catholic School's website or on the Minnesota State High School League website. I grant permission for my child(ren)'s name and picture to be used on these websites and marketing brochures in association with their athletic or co-curricular involvement.

Signature of Parent _____ Date _____

Students occasionally take a bus through Palmer Bus Service for field trips or other events. I permit my child(ren) to participate in field trips sponsored by Pacelli Catholic Schools and I agree that they can take the bus transportation arranged by the school.

Signature of Parent _____ Date _____

The following questions are being asked for state and Diocese reporting guidelines and are not used to determine registration qualification of your child(ren):

1. What religion is your child(ren) _____
2. If Catholic, which parish do you belong to: ___ St. Augustine ___ St. Edwards ___ Queen of Angels
3. Check One - **Ethnicity**
 ___ Hispanic
 ___ Non Hispanic
4. Check One - **Race**
 ___ Asian ___ White ___ Am. Indian/Native Alaskan
 ___ Black/African American ___ Two or More Races
5. Baptism Month/Year for each child _____
6. Parish children were baptized at _____

Please tell us how you heard about our schools:

___ Pacelli Website ___ Newspaper Ad ___ Pacelli Alumni
 ___ Facebook/Twitter ___ Radio/TV ___ Internet ___ Other
 ___ Referral from _____

For Office Use Only

- Business Office
- Elementary School Office
- Middle/High School Office
- Entered into TADS
- Entered into RENWEB