

SS. SIMON AND JUDE PARISH SCHOOL OF RELIGION (PSR)

2014-2015 Student Registration

FEES: 1st child - \$60 Additional children - \$40 each

STUDENT INFORMATION:

Student's Name _____
Last First Middle

Gender: M F Date of Birth _____ Nickname _____

Address _____
Street

City _____ Zip Code _____ Home Phone _____

School attending _____ Grade in September 2013 _____

Baptism: _____
Date Church City, State

1st Communion: _____
Date Church City, State

Confirmation: _____
Date Church City, State

FAMILY INFORMATION: (Must be registered in Ss. Simon and Jude Parish)

Family Name: _____ Email: _____

Father Name: _____ Mother Name: _____

Father Cell phone _____ Mother Cell phone _____

SPECIAL MEDICAL/EDUCATIONAL NEEDS: Please describe any conditions that the teachers or administration need to be aware of on back side of registration.

MEDICAL AUTHORIZATION:

In case of emergency, I understand Ss Simon & Jude will make every effort to contact me or

Name _____ Phone # _____

However, if they cannot reach me or the designated person, I give my permission to take my child for emergency treatment. I release Ss Simon & Jude Religious Education and Ss Simon & Jude Church, staff, and volunteers from all liability of any kind which may arise from such emergency.

Signature of Parent or Guardian _____ **Date** _____