

St. Julie Billiard Parish School of Religion & New Teen Vision
NEW STUDENT Registration Form – 2011-2012
Tuition payment Due at registration.

Name of Student _____			
Last	First	Middle	
Address _____			
Number	Street	City	Zip

Mother's Name _____			
Last	First	Maiden	
Address _____			
(Fill in only if different from student's)			
Phone: Home _____	Work _____	Cell _____	Email _____
Religion _____ Parish in which Mother is registered _____			

Father's Name _____			
Last	First		
Address _____			
(Fill in only if different from student's)			
Phone: Home _____	Work _____	Cell _____	Email _____
Religion _____ Parish in which Father is registered _____			

Student's Public School Name and Grade: _____ PSR Grade _____
(Fill in the school name and grade student will begin in September of 2010.)

PLEASE COMPLETE OTHER SIDE

Student's Date, City & State of Birth _____

Baptismal Certificate Verified By _____ Copy in file

	Baptism	First Confession	First Communion	Confirmation
Church				
City & State				
Date				

EMERGENCY INFORMATION

Please list number to call in case of illness or emergency, if a parent cannot be located (i.e., a neighbor or relative).

<u>Name</u>	<u>Phone</u>	<u>Relationship to Child</u>
_____	_____	_____

List any medical information of which we should be aware (e.g. allergies, medication)

List any special circumstances of which we should be aware (e.g. custody of child)

PERMISSION TO PHOTOGRAPH

I hereby (____ give, ____ do not give) permission and authorize St. Julie Billiard Church, its agents, employees, successors and assigns to photograph, or otherwise electronically or digitally record my image (or the image of the minor child for whom I am parent or legal guardian) for publication in printed or electronic form, and for my image (or the image of the minor child for whom I am parent or legal guardian) to be seen and disseminated to the general public in any media form, including, but not limited to a newsletter, poster, display, film, or video.

In consideration of my/my child's participation in a St. Julie Billiard Church program, and wishing to promote and benefit this non-profit cause, I hereby release and hold harmless St. Julie Billiard Church, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns, from any and all liability of claims and demands arising out of the use of my image in any aforementioned media. I specifically waive any rights and claims that I may have or claim for privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages or other relief in law or equity.

_____	_____
(Date)	(Parent/Guardian - Signature)

FEE: \$60 per student - \$100 for two students - \$125 for three or more students.
Additional \$25 for each student preparing for First Communion or Confirmation. (Circle Sacrament)

Total Fee: _____ Amount Owed: _____

Amount Paid: _____ Date: _____ Received by _____ Check # _____ Cash _____