

**EMERGENCY CONTACT INFORMATION
MUST BE PROVIDED IF PERMITTED TO PICK UP CHILD/REN**

MOTHER'S PHONE INFORMATION:			
Home#:	Work #:	Cell #:	
FATHER'S PHONE INFORMATION:			
Home#:	Work #:	Cell #:	
ALTERNATE CONTACT INFORMATION:			
Name:	Home #:	Cell #:	Work #:
Allowed to Pick up Children:			
NAME:		NAME:	

EXTENDED CARE:
_____ PLEASE ENROLL MY FAMILY IN THE EXTENDED CARE PROGRAM- FORMS AVAILBLE IN FRONT OFFICE
_____ I HAVE INCLUDED THE REGISTRATION FEE OF \$50 PER FAMILY
IF TUITION ASSISTANCE IS NEEDED, PLEASE CONTACT FRONT OFFICE FOR A FINANCIAL AID FORM.
TO DETERMINE ELIGIBILTY FOR THE CHILD FIRST SCHOLARSHIP, VISIT, www.stepupforstudents.org
REFER TO TUITION FORM FOR TUITION AMOUNT AND REGISTRATION DEADLINES AND LATE FEES.

Please print, fill in initials, attach check and return to front office.

_____ In agreement of paying the Contributing Rate for tuition , I understand my family is obligated to attend Mass (initials) weekly and support the Our Saviour Parish through the use of the envelope system.
_____ I agree to comply with Our Saviour Catholic School policies as stated in the Online Parent/Student Handbook (initials) (when available) www.oursaviourschool.org
Family Service Commitment consist of: (initials) - Participation in school fundraisers such as the Annual Gala, Golf Tournament and 1000 club. - Four Hours per child over the 4 days of the Annual Fair(does not include fair construction hours or any work done prior to the fair starting) - 100 Points of Service (20 volunteer hours) per family. See volunteer sign up sheet for a list of 100 point positions and 5 & 10 point activities.
Is student an American Citizen _____ Yes _____ NO If not please provide appropriate documents permitting child to enroll into school.
_____ I authorize the home address, e-mail and phone number on this form to be included in the Our Saviour Home/School (initials) Directory for the 2009-2010 school year. _____ YES _____ NO
_____ Our Saviour School is authorized to use my child(ren)'s name(s), photo(s), and video(s) on television, in the school yearbook, (initials) and in promotional materials for Our Saviour Catholic School. _____ YES _____ NO
_____ Volunteer Sign Up sheet returned to front office with registration form. _____ Network Acceptable Use Policy Signed for each student and returned with registration form. _____ Clinic Card for each student filled out completely and returned with registration form.
If Applicable, request a Non-Custodial parent form & return it to front office with court documents. If not applicable initial here: _____
For New Students ONLY Please provide with registration form: -Birth Certificate -Baptismal Certificate (if applicable) -Current Health Record w/ Vaccination Records

If a hard copy is needed of any form, please contact Mrs. Kingsley at dkingsley@oursaviourschool.org or 321-783-2330
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