



Date: \_\_\_\_\_  
 Amt Paid: \_\_\_\_\_  
 Cash  Ck   
 Ck#: \_\_\_\_\_

# St. Veronica I Roman Catholic Parish

## FAMILY REGISTRATION FORM 2021-2022

Family Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 New family to REP  Returning family  Mother's Mobile: \_\_\_\_\_  
 Mother's Email: \_\_\_\_\_

Permission to pick-up your child other than parent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please place an \* next to the primary email address above. This email will receive REP Bi-Weekly Newsletters and, if applicable, sacramental preparation emails.

Registered in:  St. Veronica Parish  St. John Fisher Parish  Other (please specify below)  
 Parish/Church Normally Attended: \_\_\_\_\_

New or Returning	Child's Name	Age	Birth Date	Grade for 2021-2022	School district attended	Shirt size
<input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	_____	_____

Note: If any child is **NEW** to the program for the 2021-2022 year, **please attach a copy of the child's Baptismal Certificate**

Please list any additional information or changes that need to be known about any of your children. (Medical, education, custodial parent changes, etc.)

Emergency Contact during class time (other than parents):

\_\_\_\_\_  
 (Name) (Relationship) (Contact Number)

**IN PARISH TUITION RATES**

1 Child - \$50.00      Family - \$100.00

**OUT OF PARISH TUITION RATES**

1 Child - \$75.00      Family - \$225.00