

St. Mary School
2020-2021 REGISTRATION

Student Name:	Date of Birth:	Place of Birth:
Address:		
School Last Attended/Address	Grade entering:	
Does your child have special needs? Yes/No Explain:		
Has your child received services from Char-Em Intermediate School District (ISD) or any other ISD? Yes/No Explain:		
Since birth, has your child ever had any physical, emotional or developmental problems that have occurred where you have needed and sought professional help? Yes/no Explain:		

Father/Legal Guardian

Name:	Home Phone Number:	Cell Phone Number:
Home Address:		
Religion:	Church Attending:	Email address:
Occupation:	Employer:	Employer Phone Number:

Mother/Legal Guardian

Name:	Home Phone Number:	Cell Phone Number:
Home Address:		
Religion:	Church Attending:	Email address:
Occupation:	Employer:	Employer Phone Number:

Emergency Contact #1 (after parents)

Name:	Relationship to Student:	Permission to Pick up? Yes/No
Home Number:	Work Number:	Cell Number:

Emergency Contact #2 (after Parents)

Name:	Relationship to Student:	Permission to Pick up? Yes/No
Home Number:	Work Number:	Cell Number:

Other individuals other than parents/guardians who may pick up student:

1. Name: _____ Phone: _____	2. Name: _____ Phone: _____
3. Name: _____ Phone: _____	4. Name: _____ Phone: _____

Health Information		
Family Doctor:	Phone Number:	Preferred Hospital:
Does your child have any medical problems or physical disabilities? Please specify:		
Does student take any medication regularly? Yes/No Please specify:		
Does student need to wear eye glasses during the school day? Yes/No		
For survey purposes ONLY:		
Race: ___ American Indian ___ Black ___ Caucasian ___ Hispanic ___ Asian ___ Other		
Religion:		Language Spoken in home:

Children in the family (list youngest to oldest)			
Name	Date of Birth	School	Grade level

Parish/Church Data:

We are registered members of :	Parish/church
We attend:	Parish/Church. We live within the boundaries of this parish? Yes/no

Sacrament(s) this child has received (if applicable)			
	Church	City	Date
Baptism			
Confirmation			
1 st Communion			
1 st Confession			

PARENT SIGNATURE _____ DATE _____

Registration Fee: \$30.00 for New School Families

Need copy of:
 Birth certificate,
 Immunization record; and
 Health form signed by Child's doctor.

2020-2021 Tuition Rates

Pre-Kindergarten (2 ½ days)	\$800
Pre-Kindergarten (3 ½ days)	\$1,200
Pre-Kindergarten (5 ½ days)	\$2,000
All day Pre-Kindergarten (5 days)	\$2,600
Grades Kindergarten-8	
One Child	\$2,600
Two Children	\$4,600
Three or more children	\$6,100