

2011-12 Student Registration

Complete all sections of the registration form and submit it with a **non-refundable \$80.00 registration fee per child** to:
All Saints Catholic School.

Both the registration form and registration fee are required to reserve a classroom assignment.

Financial assistance applications are available in the school office.

All Saints Catholic School welcomes students of all ethnic backgrounds, economic means, faiths and physical handicaps.

All Saints Catholic School

151 S. Grove Street Berlin, WI 54923 Phone: (920) 361-1781 Fax: (920) 361-7379

Date/Time: _____

Family Name _____
(Last) (Father) (Mother)

Mailing Address _____
(Number and Street) (City) (State) (Zip Code)

Billing Address _____
If Different (Number and Street) (City) (State) (Zip Code)

Include in School Directory (Name, address and phone) yes | no

Primary E-mail Address _____

Secondary E-mail Address _____

Home Telephone _____

Work Phone _____ **Work Phone** _____
Father Mother

Cell Phone _____ **Cell Phone** _____
Father Mother

Contact Preference during the School Day _____

Parish/Church _____ **Active** Yes / No

Person(s) Responsible for Tuition _____

Tuition Payment Plan:

Electronic Funds Transfer (automatic payments) through Farmers and Merchants Bank is also available.

Please select an option	Payment Schedule Description	Payment Schedule
	1 annual tuition payment	Payment due Sept 1, 2011
	3 Trimester tuition payments	Payments due: Sept. 1, 2011 Dec. 1, 2011 and March 1, 2012
	11 Monthly payments	Payments due the 1 st of the month. Beginning in July, 2011 and ending in May 2012.

General Family Information

All Saints Catholic School offers a Christ-centered education that develops the academics, morals, and values needed for students to reach their full potential.

Student's Name _____
(Last) (First) (Middle)

Date of Birth _____ **Place of Birth** _____
(Month/Day/Year) (City) (State)

(Gender - please circle) Female Male **Grade Entering** _____

Student's Religion _____ **Ethnic Background** _____
(Confidential and for statistical reporting purposes only)

Received: Baptism (date) _____ (Location) _____

1st Eucharist (date) _____ **1st Reconciliation** (date) _____

Does the student have any health concerns or special needs? If so, please list

Student Information

Student's Name _____
(Last) (First) (Middle)

Date of Birth _____ **Place of Birth** _____
(Month/Day/Year) (City) (State)

(Gender - please circle) Female Male **Grade Entering** _____

Student's Religion _____ **Ethnic Background** _____
(Confidential and for statistical reporting purposes only)

Received: Baptism (date) _____ (Location) _____

1st Eucharist (date) _____ **1st Reconciliation** (date) _____

Does the student have any health concerns or special needs? If so, please list

Student #2 Information

Student's Name _____
(Last) (First) (Middle)

Date of Birth _____ **Place of Birth** _____
(Month/Day/Year) (City) (State)

(Gender - please circle) Female Male **Grade Entering** _____

Student's Religion _____ **Ethnic Background** _____
(Confidential and for statistical reporting purposes only)

Received: Baptism (date) _____ (Location) _____

1st Eucharist (date) _____ **1st Reconciliation** (date) _____

Does the student have any health concerns or special needs? If so, please list

Emergency Contact 1 / Telephone _____

Emergency Contact 2 /Telephone _____

Signature of Parent/Guardian

Date