ASSUMPTION REGIONAL CATHOLIC SCHOOL
REGISTRATION 2016-2017

FAMILY INFORMATION

Family Last Name: _____ Child's Primary Address:_____

City:_____ State: _____ ZIP Code:_____

PARENT/GUARDIAN INFORMATION

Mother's First Name:_____ **Last Name:**_____

Birth Parent: Y N Living at home: Y N Birthplace:
Other/Specify:_____

Address, if different than above:_____ **Primary Phone:**_____

City:_____ State _____ **Please circle one Cell or Land Secondary Phone:**_____

Occupation:_____ Bus. Phone:_____ **Please circle one Cell or Land** Home E-Mail:_____

Employer Name:_____ Employer Address:_____

Father's First Name:_____ **Last Name:**_____

Birth Parent: Y N Living at home: Y N Birthplace:_____
Other/Specify:_____

Address, if different than above:_____ **Primary Phone**:_____

City:_____ Secondary Phone:_____ **Please circle one Cell or Land Secondary Phone:**_____

Occupation:_____ Bus. Phone:_____ **Please circle one Cell or Land** Home E-Mail:_____

Employer Name:_____ Employer Address:_____

FAMILY INFORMATION

Marital Status: Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Remarried ☐ None ☐

Race: Asian ☐ American Indian/Native Alaskan ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐

Ethnicity: Hispanic ☐ Non Hispanic ☐

Catholic ☐ Parish of Registry: _____
Non-Catholic ☐ Please Specify:

CHILD(REN)'S INFORMATION ATTENDING ARCS

Child's Name:_____ Grade child is entering:_____ Birth Place:_____

Date of birth: _____ Age:_____ Gender: M F

Health Concerns:

***New Students Only*:** Baptism Date:_____ Church:_____

Communion Date:_____ Church:_____

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Emergency Contacts when Parent or Guardian is not available IN ORDER OF PREFERENCE.
ID will be required at time of pick-up. Individual must be able to transport child.
CHILD WILL ONLY BE RELEASED TO PARENTS OR PERSON ON THIS LIST.

Name:_____ Cell Phone:_____ Home Phone:_____

Relationship to child:_____

Name:_____ Cell Phone:_____ Home Phone:_____

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Tuition Agreement –
MUST Check 1 payment option below

_____ **Plan A:** One payment due July 15 (No FACTS enrollment fee) _____ **Plan S:** Two equal payments due July 15 and December 15 ($10 FACTS enrollment fee)

_____ **Plan Q:** Four equal payments due July 15, October 15, January 15 and April 15 ($44 FACTS enrollment fee)

_____ **Plan M:** Ten equal payments due July 15 through April 15 ($44 FACTS enrollment fee)

If tuition is paid by someone other than parent/guardian please include Name, Mailing Address and Phone number:

_____

_____

*****If you have not set-up an account through FACTS You MUST do so in order to start your payments onetime!!!!**

Signature of Parent or Guardian (this signature indicates that you agree to the tuition amounts posted above):

Date:_____

_____

In the below area please provide information regarding custody issues or any individual who is not permitted to pick-up a student. Please note non-custodial parents will be given access to the academic records and to information regarding the academic process of their children, unless there is a court order specifying that the non-custodial parent is denied access to such information.

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