

REGISTRATION FORM 2011-12 SCHOOL YEAR

HOLY FAMILY SCHOOL

221 Third Avenue Phoenixville, PA 19460

610-933-7562 [www.myholyschool.org](http://www.myholyschool.org)

FEE: \$150.00/one child ~ \$200.00/two children ~ \$250.00/three children ~ (due at registration)

(PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION)

STUDENT INFORMATION

Registering for (circle one): Pre-K3 2-day 3-day 5-day Pre-K4 3-day 5-day AM PM Full K Full AM 1 2 3 4 5 6 7 8

STUDENT'S NAME: Last First Middle

PARISH

M F Religion Race

Date of Birth Place of Birth (City) (State)

Child resides with: Both parents \*Mother \*Father \*Other

\*If the child DOES NOT reside with both NATURAL/ADOPTED PARENTS, you must provide the information requested on the Child Custody Information form.

Transportation to school (circle one): Bus ~ Car ~ CARES ~ Walker ~ from school: Bus ~ Car ~ CARES ~ Walker

SACRAMENT INFORMATION

\*Baptism Verified Month/Day/Year Church City State

\*First Holy Communion Verified Month/Day/Year Church City State

\*Confirmation Verified Month/Day/Year Church City State

\*PLEASE NOTE\* If your child received sacraments in a parish other than Holy Trinity, Sacred Heart, St. Ann, St. Joseph, or St. Mary of the Assumption, copies of all documents relating to your child's sacraments must be provided by you.

STUDENT PHOTO RELEASE: Yes No This refers to, but is not limited to, contests, field trips, special programs, assemblies, newspapers, or brochures. My/Our indication here and signature below indicates our preference with regards to the photo release for our child's name and likeness to appear in print as representatives of Holy Family School.

CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS. State law authorizes the loan of textbooks by the Sec. of Education to children enrolled in non-public schools. The law requires a parent request a loan of textbooks and instructional materials by signing this form. By signing below, I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for my child attending Holy Family School.

The parents/guardians commit themselves in writing to accept and to promote the philosophy, goals, objectives and regulations of Holy Family School as set forth in the handbook and the Acceptable Use Policy. The parents/guardians agree in writing to permit their child to attend Religion classes and Religious functions that are offered as part of the school program.

Parents' Signatures: Date

OFFICE USE ONLY: Paid Cash Check#

FO BO RN PV COMPLETE

**REGISTRATION FORM 2011-12 SCHOOL YEAR**  
**HOLY FAMILY SCHOOL ~ (Page 2 Family Information)**

***NOTE: All families should fill out this page ONCE regardless of the number of children registering.***

**FAMILY NAME:** \_\_\_\_\_

**STUDENT NAME(S):** \_\_\_\_\_

*(Please list each child registering at HFS.)*

**FAMILY INFORMATION**

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Public School District of Residence: (CIRCLE ONE)**

GREAT VALLEY ~ OWEN J ROBERTS ~ PHOENIXVILLE ~ SPRING-FORD ~ OTHER: \_\_\_\_\_

**Parents' Marital status:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_ **Race** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Contact E-mail** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Maiden last name** \_\_\_\_\_

**Religion** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Race** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Contact E-mail** \_\_\_\_\_

**EMERGENCY CONTACT**

An emergency may constitute illness of child, early dismissal due to snow or other unforeseen circumstances, or a Limerick nuclear incident (see the school handbook.). In case of an emergency when parents can not be contacted, I authorize that the following individuals be notified and give them permission to pick up my child from Holy Family School or at the emergency evacuation sites.

Name	Telephone Number	Cell Phone	Relationship

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**Family Directory:** Holy Family School publishes a Family Directory each year on-line. Please indicate below whether you give permission for Holy Family School to publish:

Family Names Yes \_\_\_\_\_ No \_\_\_\_\_      Family Telephone Number Yes \_\_\_\_\_ No \_\_\_\_\_

Family Address Yes \_\_\_\_\_ No \_\_\_\_\_      Family Email Yes \_\_\_\_\_ No \_\_\_\_\_

***Our signatures indicate we accept and will comply with our financial responsibility, recognizing that tuition must be paid in full before the final report card will be issued. We also understand that we have the obligation to promptly contact the school office with regards to any changes in status (address, emergency contacts, etc.).***

Parents' Signatures: \_\_\_\_\_ Date \_\_\_\_\_

**TUITION WILL BE PAID (Please check one):**

\_\_\_\_ 1. Yearly Total by July 1    \_\_\_\_ 2. Semi-annually by July 1/January 1    \_\_\_\_ 3. Monthly (July-April)