



Cathedral Catholic School
Registration Form

2017-2018

Today's Date: _____

Student
(additional
students on
back)

Last Name:	_____				Suffix:	_____
First Name:	_____				Nickname:	_____
Grade:	_____				Birthdate:	_____
If Pre K, please indicate days		M	T	Th	F	
Gender:	_____				Language:	_____
Ethnicity:	_____				Religion:	_____
T-Shirt Size: (specify youth or adult) _____						
Sacraments: (please check if your student has received these sacraments)						
Baptism:	Reconciliation:	Eucharist:	Confirmation:			

After-School Information: Please indicate where your child/ren will go after school:

1: Home

2: Friend or Family Member's Home: **Phone:** _____

Address: _____

3: Daycare: **Phone:** _____

Address: _____

Name(s) of person(s) authorized to pick up your child: _____

Child(ren) lives with:

both parents mother only father only

mother/father alternately (If student lives at more than one residence, please
provide information for all addresses and a schedule of where/when/with whom
the student is residing.)

Others living in the home: ie) stepparent, grandparents, siblings not at Cathedral School

Name: _____	Relation to student(s): _____
_____	_____
_____	_____
_____	_____

Is there any other information we should know about your child to help us better serve him/her?

Student

Last Name:	Suffix:
First Name:	Nickname:
Grade:	Birthdate:
<u> If Pre K, please indicate days </u>	M T Th F
Gender:	Language:
Ethnicity:	Religion:
T-Shirt Size: (specify youth or adult)	
Sacraments: (please check if your student has received these sacraments)	
Baptism:	Reconciliation: Eucharist: Confirmation:

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Ethnicity:	Religion:
T-Shirt Size: (specify youth or adult)	
Sacraments: (please check if your student has received these sacraments)	
Baptism:	Reconciliation: Eucharist: Confirmation:

Is there any other information we should know about your child to help us better serve him/her?

Father/Guardian: Last Name: _____ First Name: _____
Marital Status: _____ Language: _____
Ethnicity: _____ Workplace: _____
Religion: _____
Home Phone: _____
Cell Phone: _____ Cell Phone Carrier _____
Work Phone: _____
Email: _____

Mother/Guardian: Last Name: _____ First Name: _____
Marital Status: _____ Language: _____
Ethnicity: _____ Workplace: _____
Religion: _____
Home Phone: _____
Cell Phone: _____ Cell Phone Carrier _____
Work Phone: _____
Email: _____

Mailing Address: Street: _____
City/State: _____
Zip: _____

Secondary Mailing Address (if copies of school mailings should be sent to an additional address)
Name: _____
Street: _____
City/State: _____
Zip: _____

Emergency Contact Information **In the event a parent can not be reached in an emergency, please list two other contacts**

Name: _____
Relationship: _____
Address: _____
City/State: _____ Zip: _____
Email: _____
Phones: cell _____
home _____
work _____

Name: _____
Relationship: _____
Address: _____
City/State: _____ Zip: _____
Email: _____
Phones: cell _____
home _____
work _____

Photo Release: May your child's photo be printed in Cathedral School publications such as the school calendar, yearbook, and school Facebook page, and in media releases to KROX, Crookston Daily Times, etc.?

Yes

No

Signature _____ Date _____

Storm Home:

If your student:

- 1) rides the bus to a home outside of Crookston city limits **OR**
- 2) rides the bus and would need to go to a different address in the event school dismisses early due to poor weather **OR**
- 3) does not normally ride the bus, but would need to in the event school dismisses early due to poor weather.

please list an IN-TOWN address where the student should be bussed.

Address: _____

Contact Person: _____

Phone Number: _____

Family Directory: the family directory will include parent and student names, grade, and the information you choose below:

Address:

Home Phone:

Mother's Cell Phone:

Mother's Email:

Father's Cell Phone:

Father's Email:



Cathedral School Phone: (218) 281-1835 Fax: (218) 281-1747

Cathedral School Health Information Sheet: Parent's Report

Student's Name: _____ Birthdate: _____ Grade: _____
 Parent's Name: _____
 Phone (H): _____ (W): _____ (C): _____
 Address: _____ City: _____ Zip: _____
 Physician: _____ Clinic: _____ Phone: _____
 Dentist: _____ Address: _____ Phone: _____
EMERGENCY CONTACT (if parent is unavailable): Name: _____
 Phone: _____ Address: _____ City: _____ Zip: _____

YES	NO	PROBLEM	IF YES, EXPLAIN
		Vision Problem: Glasses or Contacts	
		Hearing Problems	
		Allergies: To What? Type of Reaction?	
		Stomach Problems	
		Heart Problems (Ex: Murmur)	
		Skin Problems	
		Bladder or Kidney Problems	
		Bone, Joint, or Muscle Problems	
		Diabetes	
		Lung Problems (Ex: Asthma)	
		Epilepsy or Seizures	
		Surgeries or Hospitalizations	
		Mental Illness (Ex: Depression, Anxiety, etc.)	
		Emotional Problems	
		Behavior Concerns (Ex: concerns, ADD, ADHD, etc.)	
		OTHER: Chickenpox History	Date of Chickenpox Illness: _____

*The items in **RED** will need additional paperwork completed each school year. The School Nurse will send you the forms.

Does your child take any medication? ____ Yes ____ No

If medications are to be given in school, please contact the Cathedral School for the **Medication Consent Form**. The form is **REQUIRED** for all medications taken at school including prescription and over the counter meds and must be signed by BOTH the medical provider and the parent.

I agree to allow the above information to be shared with teachers and staff in order to provide comprehensive care to my student.

Parent or Guardian's Signature: _____ **Date:** _____

Thank you for completing and returning these forms. Please let me know if you have questions or concerns regarding your child's health!

Nanette Widseth, RN, PHN, Licensed School Nurse



702 Summit Ave
Crookston, MN 56716
(218) 281-1835
Cathedralschool.org

TUITION PAYMENT AGREEMENT 2017 - 2018

Cathedral School offers several options for fulfillment of your tuition obligation. Please select the method that is best for your family's economic situation.

PLAN 1: Full payment of total tuition due before school begins or semi-annual payments of total tuition due before school begins and January 25 of each school year. Payment is made by cash or check directly to Cathedral School. **Please indicate: Full Semi-annual.**

PLAN 2: Twelve (12) monthly installment payments made July through June over each school year. Payment is made through the Vanco System for automatic withdrawal. The transaction may be designated for the 1st or 15th of each month. Amounts will be rounded up to the nearest dollar

RETURN THE WHITE AUTOMATIC AUTHORIZATION FORM AND A VOIDED CHECK.

A processing fee of \$25 will be assessed for changes made during the school year.

Date of withdrawal: 1st of each month 15th of each month

PLAN 3: We will be applying for Tuition Assistance through the TADS program. *For returning families to be considered for tuition assistance, TADS applications **must** be submitted and completed by May 15, 2017.* Tuition assistance is not guaranteed from year to year. New Cathedral families should complete TADS as soon as possible. Payment through TADS is an automatic withdrawal payment plan.

PLEASE NOTE: A STUDENT'S REGISTRATION WILL NOT BE CONSIDERED COMPLETE IF THIS AGREEMENT IS NOT COMPLETED AND RECEIVED WITH OTHER REGISTRATION FORMS. *Registration will not be accepted if there is an outstanding tuition balance from the prior year and arrangements have not been made with the Parish Administrator/Bookkeeper.*

Family Name: _____ Tuition Due: # students K-6 _____
(please print) # students PK _____
students KR _____

TOTAL TUITION: _____

Last name of Student: _____ Phone: _____
(if different than family name)

I agree to fulfill my tuition obligation and assist with fund raising obligations.

Signature of Parent/Guardian: _____ Date: _____

Received in office: _____

For questions about payment options, please contact Terry Jones, Parish Administrator, (281-1735), tjones.cathedral@midconetwork.com prior to submitting registration forms. Thank you.

AUTHORIZATION FORM

Name of the organization: Cathedral of the Immaculate Conception

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> _____ \$ _____ <p style="text-align: right;">Total \$ _____</p>
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ ⑆123456789⑆ 123 1234567 0001 └──────────┬──────────┬──────────┘ Routing Number Account Number Check Number
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	

If using a checking account, please attach a voided check at the bottom of this page.