St. Catherine Labouré PREP Emergency Form 2018-2019

Family Last Name:						
Student's Name	Grade	Please list Allergies, Sp	ecial Needs or Health	Issues		
Mother's Name:		Phone:	Cell:			
Father's Name:		Phone:	Cell:			
Please list an adult w reached:	vho will assun	ne temporary care of your	child if you cannot be			
Name: Phone:	Relationship to Child:					
Family Doctor:						
Dr. Phone:						
Hosn Phone						

In the event emergency treatment is needed, I give the hospital, its authorized personnel and/or physician permission to treat my child(ren) as necessary– and hereby authorize the staff of St. Catherine Labouré PREP program to contact directly the persons named on this form, and to authorize the named person(s) to render such treatment as deemed necessary in an emergency, for the health of my child(ren).

Parent/Guardian Signature:_	
Date:	

St. Catherine Labouré PREP Tuition Form 2018-2019

Family Last Name: _____ Student Name / Grade: 1) _____ 2) _____ 3)_____4)____

\$90.00 per child (grades 1-8) and/or \$45 per child (grades PreK4 & Kindergarten) Maximum of \$180 per family. Register two children and the third child is FREE!

Please enclose a down payment of \$15 if choosing a payment plan.

Payment Options (choose on	e): In Full	OR	Payments, due Oct. 7, Nov. 4, and Dec. 2, 2018
Total Fees Due:	[]\$45	or[]	down payment (\$15) + 2 payments of \$15
	[]\$90	or[]	down payment (\$15) + 3 payments of \$25
	[]\$135	or[]	down payment (\$15) + 3 payments of \$40
	[]\$180	or[]	down payment (\$30) + 3 payments of \$50

□ When re-registering after May 31, 2018, the late fee is an additional \$25. When re-registering after June 30, 2018, the late fee is an additional \$50. Please enclose with the down payment.

Amount Enclosed \$ _____ □ Cash □ Check

Please make checks payable to St. Catherine Labouré Parish (memo: PREP)

PREP is dependent on tuition monies from participating families to purchase books, all classroom materials, catechist formation, and all Sacrament and retreat materials. However, no one is turned away due to lack of funds. For tuition assistance, please contact Fr. Sullivan or Mrs. Frist in writing.

Office use only: Date processed_____ Check #_____ Amount: _____