

# All Saints Catholic School Grades K-8 REGISTRATION Form

2022-2023 School Year



**All Saints**  
CATHOLIC SCHOOL

**Family Name** \_\_\_\_\_

Emergency Alert Preference  Email \_\_\_\_\_  
 Voicemail /  Txt ( \_\_\_\_\_ )

## Parent Information

<b>1st Parent</b>	Parent's First Name: _____ Parent's Last Name: _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
	Cell Phone: _____ Email: _____
	Occupation: _____ Employer: _____ Work Phone: _____
	Religious Affiliation: _____ <input type="checkbox"/> All Saints Parish
	<input type="checkbox"/> Other Catholic <input type="checkbox"/> Other Non-Catholic (please specify) _____ If you are not a member of All Saints Parish, (are Catholic) would you like information about registering? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2nd Parent</b>	Parent's First Name: _____ Parent's Last Name: _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
	Cell Phone: _____ Email: _____
	Occupation: _____ Employer: _____ Work Phone: _____
	Religious Affiliation: _____ <input type="checkbox"/> All Saints Parish
	<input type="checkbox"/> Other Catholic Parish <input type="checkbox"/> Other Non-Catholic _____ If you are not a member of All Saints Parish, (are Catholic) would you like information about registering? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Marital Status of Parents:**     Married       Divorced       Single Parent       Divorced/Remarried

Do court papers indicate Joint Custody/Shared Parenting? (If applicable)     Yes       No

*(Please Note: Copies of Court Documents regarding custody of students must be on file at ASCS)*

Child lives with:     Mother and Father       Mother       Father       Grandparents  
 Mother and Step-Father       Father and Step-Mother       Other

## Public School District Information

**Public School District** where you reside: \_\_\_\_\_

**Name of Public Elementary School** your child(ren) would be assigned to: \_\_\_\_\_

## Service Hour Requirement

**Grade K-8 Families** are expected to be part of the ministry of the parish and school, and are required to serve a minimum of 40 volunteer hours per year. Service hours can be earned beginning March 1st through February 28th.

**Preschool-8 Families: ALL FAMILIES** are required to fully participate in the All Saints Daily Draw Fundraiser.

**New Families:** Are required to serve a minimum of 20 volunteer hours their first year.

*Note: It is recommended that 5 hours should be spent working at the All Saints Summer Festival.*

## School Directory

**Note: A School Directory** listing addresses, phone numbers, and class lists is revised yearly and sent home to all school families. If you would not wish information to be included in the **School Directory**, please check the appropriate box(es) below:

Do not list at all       Do not list address       Do not list home phone       Do not list cell phone       Do not list email

**Student Information**

Student 1

**Name of Student** (please enter first and last name): \_\_\_\_\_

**Grade entering for 2022/23 School Year:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Female  Male

**Race:**  Black/African American  Asian  Multi-Racial  Caucasian  
 American Indian/Alaskan Native  Native Hawaiian/Pacific Islander

**Ethnicity:**  Hispanic  Non-Hispanic **Are you a U.S. Citizen?**  Yes  No

**Religious Affiliation:**  Catholic  Other (please specify) \_\_\_\_\_

**Which Sacraments has your child received:**  Baptism  First Reconciliation  First Communion  Confirmation

Student 2

**Name of Student** (please enter first and last name): \_\_\_\_\_

**Grade entering for 2022/23 School Year:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Female  Male

**Race:**  Black/African American  Asian  Multi-Racial  Caucasian  
 American Indian/Alaskan Native  Native Hawaiian/Pacific Islander

**Ethnicity:**  Hispanic  Non-Hispanic **Are you a U.S. Citizen?**  Yes  No

**Religious Affiliation:**  Catholic  Other (please specify) \_\_\_\_\_

**Which Sacraments has your child received:**  Baptism  First Reconciliation  First Communion  Confirmation

Student 3

**Name of Student** (please enter first and last name): \_\_\_\_\_

**Grade entering for 2022/23 School Year:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Female  Male

**Race:**  Black/African American  Asian  Multi-Racial  Caucasian  
 American Indian/Alaskan Native  Native Hawaiian/Pacific Islander

**Ethnicity:**  Hispanic  Non-Hispanic **Are you a U.S. Citizen?**  Yes  No

**Religious Affiliation:**  Catholic  Other (please specify) \_\_\_\_\_

**Which Sacraments has your child received:**  Baptism  First Reconciliation  First Communion  Confirmation

FACTS Tuition

**MUST CHOOSE ALL THAT APPLY**

I intend on using FACTS w/\$60 processing fee

I intend on paying in full by May 3, 2022

I intend to pay part & use FACTS

I also have a registered preschool/preK student

Extended Day Program

Extended Day Program is available to students between the hours of 2:30 pm until 5:30 pm at a rate of \$5.00 per hour for the first child and \$4.00 per hour for each additional child. This is billed by the half-hour.

I intend to use Extended Day

I DO NOT intend to use Extended Day

**Required Documentation**

A copy of student's Birth Certificate, Baptismal Certificate (if applicable)  
 Note: Due to the "Missing Children's Act" we cannot accept the hospital birth record

\_\_\_\_\_

*Print Parent's Name* *Parent's Signature* *Date*