

2010-2011 ST. BERNADETTE SCHOOL ENROLLMENT APPLICATION

5890 South Abbott Road, Orchard Park, NY 14127 | www.stbschool.org | 716.649.3369



PLEASE COMPLETE EACH SECTION BY CLEARLY PRINTING.

HOUSEHOLD INFO:

Sur Name: _____ Registration Date: _____ Home Phone: _____

Street Address: _____ Mailing Add (if different): _____

City / State: _____ Zip: _____ City / State: _____ Zip: _____

Parish Affiliation: St. Bernadette Other: _____

FATHER INFO:

Name (First/Full Middle/Last/Suffix): _____

Father's Email: _____ Cell Phone: _____

Occupation: _____ Title/Position: _____

Employer Name: _____ Business Phone: _____

Employer Address (Street/City/St/Zip): _____

Marital Status: Married Divorced Separated Widow Remarried Single **VIRTUS Trained?** Yes No

MOTHER INFO:

Name (First/Full Middle/Last/Maiden): _____

Mother's Email: _____ Cell Phone: _____

Occupation: _____ Title/Position: _____

Employer Name: _____ Business Phone: _____

Employer Address (Street/City/St/Zip): _____

Marital Status: Married Divorced Separated Widow Remarried Single **VIRTUS Trained?** Yes No

GUARDIAN INFO:

Name (First/Full Middle/Last/Suffix): _____

Guardian Email: _____ Cell Phone: _____

Occupation: _____ Title/Position: _____

Employer Name: _____ Business Phone: _____

Employer Address (Street/City/St/Zip): _____

REGISTRATION FEE & DEPOSIT: A complete registration is one that includes this completed form, a signed Tuition Rate Form and \$100 Deposit. A \$50 non-refundable registration fee is only required for new families. Deposits are non-refundable and hold a spot in the class for your child(ren). There is a non-refundable late registration fee of \$10 per month added for registrations incomplete or received after 3/31/10. Registration and late fees cannot be applied to tuition.

AUTHORIZATION FOR EMERGENCY MEDICAL / SURGICAL TREATMENT

In absence of consent by my appointed emergency contacts, I/We, being parent(s)/guardian(s) of above named minors, hereby give consent for any medical or dental treatment, anesthesia, surgical operation, radiology and laboratory work recommended by the attending physicians assigned to the named child(ren) at the nearest hospital if my child is admitted for emergency treatment by St. Bernadette School. The School provides accident insurance for each child enrolled in the school. This policy is SECONDARY COVERAGE and provides payment after you have claimed on your family policy. I certify to the best of my knowledge, my child is in good mental and physical health and able to participate in St. Bernadette School program.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PHOTO RELEASE

From time to time, your child's image may be captured through video, film or digital media for yearbook, video presentations, brochures and other school items. You or your child will not be compensated for any images collected or used for school media. By signing below, as parent/guardian of the student, you allow the school to use your child's image in any media listed above and release St. Bernadette School and Parish from any liability claims arising out of the use of the images in accordance with this Release and Authorization. You furthermore consent that St. Bernadette School and/or Parish shall have the right to duplicate, reproduce and make use of these images as they may desire with no claim on your part. By NOT SIGNING, your child's image will NOT be used for yearbooks, parent DVD productions, marketing or other school uses.

STUDENT #1 INFO: **New Student** **Returning**

Name (First /MI/Last): _____
 Address: Household Address Other _____

Telephone: (_____) _____

Birth Date (MM/DD/YYYY): _____

School District: Hmbg Frontier OP _____

Birth Place (City/St/Country): _____

Date Entered US (if outside US): _____

Religion: R. Catholic _____

Ethnicity: Caucasian Hispanic Amer.Indian/Alaskan

African American _____

Present School: STBS _____

Previous School: _____

Nickname: _____ Sex: Male / Female

Grade Entering in Fall 2010: K 1 2 3 4 5 6 7 8

Emergency Contact Information:

Name: _____

Relationship to Student: _____

Address: _____

Phone: _____ Cell: _____

Birth Certificate Submitted Baptismal Certificate Submitted
Student lives with: Both parents Dad Mom Guardian

STUDENT #3 INFO: **New Student** **Returning**

Name (First /MI/Last): _____
 Address: Household Address Other _____

If Other, please indicate School District: _____

Birth Date (MM/DD/YYYY): _____

Birth Place (City/St/Country): _____

Date Entered US (if outside US): _____

Religion: R. Catholic _____

Ethnicity: Caucasian Hispanic Amer.Indian/Alaskan

African Amer. _____

Present School: STBS _____

Nickname: _____ Sex: Male / Female

Grade Entering in Fall 2010: K 1 2 3 4 5 6 7 8

Emergency Contact Information:

Same as Student #1 or _____

Birth Certificate Submitted Baptismal Certificate Submitted
Student lives with: Both parents Dad Mom Guardian

STUDENT #2 INFO: **New Student** **Returning**

Name (First /MI/Last): _____
 Address: Household Address Other _____

If Other, please indicate School District: _____

Birth Date (MM/DD/YY): _____

Birth Place (City/St/Country): _____

Date Entered US (if outside US): _____

Religion: R. Catholic _____

Ethnicity: Caucasian Hispanic Amer.Indian/Alaskan

African Amer. _____

Present School: STBS _____

Nickname: _____ Sex: Male / Female

Grade Entering in Fall 2010: K 1 2 3 4 5 6 7 8

Emergency Contact Information:

Same as Student #1 or _____

Birth Certificate Submitted Baptismal Certificate Submitted
Student lives with: Both parents Dad Mom Guardian

STUDENT #4 INFO: **New Student** **Returning**

Name (First /MI/Last): _____
 Address: Household Address Other _____

If Other, please indicate School District: _____

Birth Date (MM/DD/YY): _____

Birth Place (City/St/Country): _____

Date Entered US (if outside US): _____

Religion: R. Catholic _____

Ethnicity: Caucasian Hispanic Amer.Indian/Alaskan

African Amer. _____

Present School: STBS _____

Nickname: _____ Sex: Male / Female

Grade Entering in Fall 2010: K 1 2 3 4 5 6 7 8

Emergency Contact Information:

Same as Student #1 or _____

Birth Certificate Submitted Baptismal Certificate Submitted
Student lives with: Both parents Dad Mom Guardian

Others in Household:

Name	Age	School Attending