

SAINT BERNARD'S CATHOLIC SCHOOL



A SCHOOL GROWING IN FAITH AND KNOWLEDGE!

117 Knight Ave N, Thief River Falls, MN 56701 (218) 681-1539

We are a (choose one): New family at St. Bernard's School Current family at St. Bernard's School

FAMILY INFORMATION

Family Last Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home/Primary Phone: _____ Primary Email: _____

Relationship Status: Married Separated Divorced Single Parent Foster Home Other

Married in a Catholic Church: Yes No

Father/Guardian Name: _____ Mother/Guardian Name: _____

Father's Email: _____ Mother's Email: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Employer: _____ Mother's Employer: _____

Father's Primary Phone: _____ Mother's Primary Phone: _____

REGISTRATION

Student Name	Gender	Birth Date	Date of Baptism	Grade for 2018-19	Program	Preferred Session
			Date: In Catholic Church: Y /N		<input type="checkbox"/> Preschool (3-4yr) <input type="checkbox"/> Prekindergarten (4-5yr)	<input type="checkbox"/> AM <input type="checkbox"/> PM
			Date: In Catholic Church: Y /N		<input type="checkbox"/> Preschool (3-4yr) <input type="checkbox"/> Prekindergarten (4-5yr)	<input type="checkbox"/> AM <input type="checkbox"/> PM
			Date: In Catholic Church: Y /N		<input type="checkbox"/> Preschool (3-4yr) <input type="checkbox"/> Prekindergarten (4-5yr)	<input type="checkbox"/> AM <input type="checkbox"/> PM
			Date: In Catholic Church: Y /N		<input type="checkbox"/> Preschool (3-4yr) <input type="checkbox"/> Prekindergarten (4-5yr)	<input type="checkbox"/> AM <input type="checkbox"/> PM

PARISH MEMBERSHIP

St. Bernard's Parish Member Yes No

FINANCIAL AGREEMENT

*** 2018-2019 Parishioner Tuition**

Preschool	\$900
Prekindergarten	\$1,080
Kindergarten - 5th	\$2,860

*** 2018-2019 Non-Parishioner Tuition**

Preschool	\$900
Prekindergarten	\$1,080
Kindergarten - 5th	\$3,168

We understand and agree that all outstanding financial obligations and fundraising commitments must be paid in full before the end of the current school year. Failure to do so will result in denial of my student(s) year-end report cards, diplomas, transcripts, and/or admission to St. Bernard's Catholic School for the following year.

Mother/Guardian's Signature Required

Date

Father/Guardian's Signature Required

Date

OFFICE USE ONLY

If paid by **March 5th** - \$50 per child
If paid after **March 5th** - \$100 per child

Date Registration Fee Received: _____

Payment Type: _____