

PSR RETURNING STUDENTS

Registration Form

Please write family name here: _____

Please write email address here: _____

Returning Students (Please note New Sibling with * and fill out New Student Forms for all new students)
Student Name _____ Grade entering _____ (Continue on back if needed)

To save you precious time, complete the following sections only with any changes in the past year, i.e. new address, different phones, doctors, etc. Previous data is already in our computer records. For questions, email Becky at bready@sttm.org

Registration Form Please check one: ____Changes ____No Changes

Family name/address/phones/marital status/email changes

Medical Authorization Please check one: ____Changes ____No Changes

Business Name/Phone: _____

Emergency Name/Phone: _____

Physicians/Phone/Hospital: _____

Photo Release Form (Please sign and date one of the following approval or Not)

Approval: Signature/Date _____

NOT Approved: Signature/Date _____

TUITION FEE: ____\$64 one child ____\$112 two children ____\$152 three or more

Check #: _____ Payable to St. Thomas More Parish

For Visa/MC please complete attached form. (3%fee included)

Enclose registration form and payment in envelope and return to St. Thomas More Faith Formation Office, 800 Ohio Pike, Cincinnati, OH 45245

TO RECEIVE THE 20% DISCOUNT, WE MUST RECEIVE YOUR REGISTRATION BEFORE SEPT 13