

**BROOKLINE REGIONAL CATHOLIC SCHOOL
2014-2015 REGISTRATION**

Registration Date _____

Family Name _____

**Acceptance is provisional until verification of records.

***BRC school staff is committed to meeting the needs of all students, in so far as possible. There are some conditions, however, for which the school cannot provide the necessary resources.

**Show Grade Child will
be in 2014-2015 Year**

***Baptized Roman Catholic
Yes or No**

REGISTRATION FEE:

New Student _____ Grade _____ * _____ **\$50.00** \$ _____

1st Returning Child _____ Grade _____ **\$20.00** \$ _____

2nd Returning Child _____ Grade _____ **\$10.00** \$ _____

3rd Returning Child _____ Grade _____ **N/C** \$ _____ N/C _____

TOTAL REGISTRATION FEE(S) \$ _____

FAMILY CAFETERIA FEE **\$ 40.00** _____

Cash \$ _____ Check Number _____ Amount _____ **TOTAL \$** _____

(*Children not baptized Roman Catholic in Grades Full K-8 pay cost per child.

Registration Fee and Family Cafeteria Fee are NON-REFUNDABLE. HOWEVER, Registration Fee will be waived if family applies to PSAS (deadline is March 15, 2014).

Street Address _____ Zip Code _____

Baldwin ____ Beechview ____ Brookline ____ Carrick ____ Dormont ____ Mt. Oliver ____

Mt. Washington ____ South Side ____ Specify other _____

Parish Affiliation _____ Church envelope no. _____

Parents Name _____

EMAIL address _____

Father's Home/Cell Phone No. _____ Work Phone No. _____

Mother's Home/Cell Phone No. _____ Work Phone No. _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Office Use only) ____ PV ____ MEMO ____ PMT PLAN ____ AGREEMENT ____ PSAS

Registration accepted _____
Date/initial