



January 2026

Dear St. Mary Academy Parents/Guardians,

Welcome back to the Knights Preschool Program at St. Mary Academy!

Preschool is a special place where children acquire the fundamentals of learning and develop early literacy, math, and social skills. At St. Mary Academy, our focus is on the development of the whole child as we prepare students to become lifelong learners. We remain committed to providing a faith-based education that lays a strong foundation for continued growth in faith, wisdom, and knowledge as Disciples of Christ.

As we plan for the 2026–2027 school year, we are requesting your commitment so that we may begin staffing, planning, and budgeting appropriately. The School Board has approved a 2% tuition increase and has also made an adjustment to the Volunteer Fee. Details regarding the Volunteer Fee changes will be provided in a separate document. We are encouraged by the number of families already inquiring about the upcoming school year and anticipate having another waiting list.

This modest tuition increase helps offset inflation and supports essential educational resources, including STREAM materials, technology, textbooks and workbooks, and other instructional materials. We made every effort to keep tuition increases below the standard for our area while continuing to provide a high-quality, valued education for our students.

To secure your child's placement for the next school year, please complete the re-registration packet and submit the \$100 non-refundable re-registration fee for each child attending by **February 13, 2026**. As an incentive for early registration, families who meet this deadline will receive a \$100 credit. Please note that re-registration packets and fees received after February 13, 2026—regardless of the date on the paperwork or check—will forfeit the \$100 credit.

All families must be enrolled in FACTS Tuition Management. This system allows St. Mary Academy's Financial Team to monitor collections, maintain accurate records, and manage budget costs. A \$25 late payment fee will be applied to any monthly payment that is late in FACTS. Please visit <https://factsmgt.com> to log in, update your account, and enter your financial information.

Attached you will find the Re-Registration Packet for the 2026–2027 school year. We look forward to continuing our partnership with your family and witnessing your child's growth and development in the coming year.

May God continue to bless you and your family.

Warmly,

Lizanne M. Coyne School
Principal

cc: Monsignor Ken Tuzeneu, Pastor



KNIGHTS PRESCHOOL PROGRAM

Tuition and Other Important Information
NO TUESDAY/THURSDAY OPTION FOR PREK4

Full Day 9am-3:15pm	Days of the Week	Tuition Rate	Parish Rate *	Parish Rate
			Yr. 1	Yr. 2
5-day	Monday-Friday	\$7827	\$7327	\$6827
3-day	Mon/Wed/Fri	\$5448	\$4948	\$4448
Half Day 9am-12pm	Days of the Week	Tuition Rate	Parish Rate *	Parish Rate
			Yr. 1	Yr. 2
5-day	Monday-Friday	\$6175	\$5675	\$5175
3-day	Mon/Wed/Fri	\$4586	\$4086	\$3586

Supporting Parishes*

Must be member of one of these parishes!

St. Mary's (Barnegat, Manahawkin)
 St. Francis (Brant Beach)
 St. Pius X (Forked River)
 St. Theresa (Tuckerton)
 St. Elizabeth Ann Seton (Whiting)

FACTS Tuition Payment: Parent's must register, provide financials, and pay tuition via FACTS. For more information, please visit: <https://online.factsmgmt.com/signin/3KDRW>

REGISTRATION INFORMATION

The following is a checklist of all information and forms required prior to enrollment;

- Copy of Birth Certificate (Do not need again if already on file)
- Copy of Baptismal Certificate (Do not need again if already on file)
- Registration Application
- Student Profile, if not already on file or changes have occurred
- Photo Consent Form
- Tuition Contract
- Parish Form * (Do not need again if already on file)
- Universal Health Form and Immunizations*
- Re-registration Fee (\$100 check/money order, non-refundable)
- Fundraising Fee (\$400 check/money order to OPT OUT). Please see New Volunteer Guidelines.

*Parish and Health Forms must be submitted from parish pastor and health professional. All immunizations must be up to date! St. Mary Academy does not accept Religious or Medical Exemption. Please contact the school for more information.



2026-2027 TUITION CONTRACT
PreK4

Parent/Guardian Name where Student Resides _____

Address _____

Home Phone _____ Cell Phone _____

Child's Name	Grade Entering

Registered Parish _____

Choice of Payment: (Please check your choice of payment Option)

I understand that the FACTS enrollment fee is a non-refundable fee and is not deducted from my tuition bill.

A \$25 late fee will be applied in FACTS for each late payment.

_____ Option 1 – FACTS Tuition payment in full by July 1, 2026.
(Annual Fee: \$5.00)

_____ Option 2 - FACTS Tuition - Two half payments payable in July and January
(Annual Fee: \$15.00)

_____ Option 3 - FACTS Tuition - monthly payment plan (July-April) 10 months
(Annual Fee: \$50.00)

Please note: Families registering after July 1st and choosing Option 3 will automatically be put on a monthly payment plan that completes in April 2027.

Is this a change in payment method from last year? Yes _____ No _____

Student Withdrawal Policy: *The following is parents/guardians' fiscal responsibility to St. Mary Academy upon student withdrawal.*

- Withdrawal on or before August 1 - An Administrative Fee of \$300 will be charged.
- Withdrawal on or before September 1 - 20% of current yearly tuition and fees are owed to the school.
- Withdrawal on or before October 1 - 30% of current yearly tuition and fees are owed to the school.
- Withdrawal on or before November 1 - 40% of current yearly tuition and fees are owed to the school.
- Withdrawal on or before December 1 - 50% of current yearly tuition and fees are owed to the school.
- After January 1 should it become necessary to withdraw your student, 90% of total tuition and fees are owed.
- After February 1 should it become necessary to withdraw your student, 100% of total tuition and fees are owed.

Please be advised that St. Mary Academy will hold all monies paid and additional tuition may be collected in accordance with the contractual agreement and timing of withdrawal.

I/We accept full legal responsibility for the above-named student and agree to pay all tuition and fees in full by the designated due dates. I/We understand that failure to meet these financial obligations may result in the student being denied attendance. Until all financial obligations related to the student are paid in full, St. Mary Academy shall have no obligation to transfer credits, grant a diploma, or release interim or end-of-year academic records or transcripts.

Additionally, I/we understand and agree that St. Mary Academy reserves the right to utilize collection agencies and/or pursue other legal means to collect unpaid tuition and fees. Any amounts referred for collection may be subject to an additional 35% collection and attorney fee.

I/We understand that this enrollment agreement applies to the entire school year. I/We agree that St. Mary Academy may require the withdrawal or dismissal of any student if, in its sole discretion, the school determines that the student's attitude, influence, or behavior does not serve the best interests of the school. I/We further acknowledge that a positive and constructive working relationship between St. Mary Academy and a student's parent or guardian is essential to fulfilling the school's mission. I/We agree that St. Mary Academy may terminate enrollment or decline to re-enroll a student if, in its sole discretion, the actions or inactions of a parent or guardian make such a positive and constructive relationship impossible or interfere with the school's ability to accomplish its mission.

I/We understand and agree that, in accordance with the school's tuition policy, no portion of tuition or fees shall be refunded or canceled in the event of early withdrawal or dismissal of the student.

I/We understand that any refunds/money due to us will not be made available until all accounts are current and satisfied.

I/We agree to advise the tuition office of circumstances that affect my/our ability to meet the obligation under this contract.

EACH LEGALLY RESPONSIBLE PARTY MUST SIGN BELOW ACKNOWLEDGING THIS AGREEMENT.

Print Name of Parent/Guardian	Signature	Date
-------------------------------	-----------	------

Print Name of Parent/Guardian	Signature	Date
-------------------------------	-----------	------

OFFICE USE ONLY

Tuition Total:		Date:	Balance Due:
Deposit:		Date:	Late Fees:
Registration Fee:		Date:	FACTS Acct. #

Knights Preschool

**St. Mary Academy
400 DOC CRAMER BLVD.
MANAHAWKIN, NJ 08050**

Today's Date _____

Child's Last Name _____ First _____ Middle _____ Gender (M or F) _____

Mailing Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cellular Telephone _____ Date of Birth ____/____/____ Place of Birth (city, state) _____

Religion _____ Registered Parish _____ Parish City/Town _____

Country of Citizenship _____ Public School District of Residence _____ Email address _____

Sacramental History – Baptism Parish _____ Baptism Parish City, State _____ Baptism Date _____

Please indicate your program preference

(Please Circle Age)		F=Full Day H=Half Day		1st choice	2nd choice
3-Year-Old	4-Year-Old	F	5 - Monday through Friday	9:00 a.m.– 3:15 p.m.	
3-Year-Old	4-Year-Old	H	5 - Monday through Friday	9:00 – 12:00 p.m.	
3-Year-Old	4-Year-Old	F	3 - Monday, Wednesday, and Friday	9:00 – 3:15 a.m.	
3-Year-Old	4-Year-Old	H	3 – Monday, Wednesday, Friday	9:00 – 12:00 p.m.	

Person Responsible for Payment _____

FAMILY BACKGROUND

Name	Home Address	<u>Current Employer</u> Current Occupation	<u>Work Telephone</u> Cellular Telephone	Religion	Education
Father		_____	(w) _____ (c) _____		<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Advanced
Mother (include maiden name)		_____	(w) _____ (c) _____		<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Advanced
Guardian		_____	(w) _____ (c) _____		<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Advanced

Relationship of guardian to student, if applicable: _____

Home situation (Check all that apply)

- Two Parents One Parent Parents separated or divorced
 Restructured-mother/stepfather Father remarried Mother remarried
 Restructured-stepmother/father Other

Child resides with _____

Parental rights (in case of separation or divorce) _____

Copy of most recent court order received _____ Date _____ Date on Court Order: _____

Language spoken at home _____

SIBLINGS

Complete Name	Date of Birth

St. Mary Academy NEW Parent/Guardian Volunteer Program Guidelines

Volunteers are an essential part of the St. Mary Academy community.

Our students, faculty, and staff deeply value the time and dedication of our parent volunteers. Their support strengthens every aspect of school life — academically, spiritually, and socially. When each family shares their talents and energy, our community grows stronger, more connected, and more vibrant. In addition, volunteering helps us close the gap in our tuition costs and the actual cost to educate each child.

Family Volunteer Commitment

At St. Mary Academy, we believe that active family involvement strengthens our school community and enriches every child's educational experience. Each family is required to contribute a minimum of **20 volunteer hours** toward school-sponsored activities each academic year. Families who do not complete the required service hours by June 2, 2027 will be assessed a **\$20 fee for each unfulfilled hour**. Please note that excess volunteer hours do not carry over to the following school year. For the purpose of fulfilling volunteer hours, family members include parents, legal guardians, and grandparents only.

Reporting Hours

Each family is responsible for tracking and logging their own volunteer hours. Volunteer log forms are available on the school website and are also distributed at Back-to-School Night. The Event Chairperson must validate and sign off on all volunteer hours. Please submit completed forms to the school on November 30, February 28, and June 2 to ensure accurate tracking. We recommend keeping copies of all submitted service forms for your records.

Fees, Deadlines, and Opt-Out Option

Volunteers are the key to making all of our programs possible. We encourage every family to get involved and to model the spirit of service for their children. However, we understand that it may be difficult for some families to find time to volunteer. Families may choose to **Opt-Out** of volunteering by:

- Submitting a **signed, written statement** to the principal indicating their choice to Opt-Out of volunteer hours and pay the **\$400 Opt-Out fee**.

If you choose to Opt-Out, a **\$400 fee** will be charged to your **FACTS account** in the month of September. If you decide to volunteer later in the year, we would be delighted to have your participation; however, **refunds cannot be issued** once the Opt-Out fee has been processed.

Together, through service and participation, we continue to build a thriving, faith-filled community for our students.

Safe Environment

All school volunteers who have contact with minors are required to complete the **VIRTUS Protecting God's Children** training program, which is valid for four years. All volunteers must maintain an active account at virtusonline.org with current documentation for the following:

- Volunteer Application (one time only) can be found in the Main Office.
- VIRTUS Training
- Formal Background Checks
- Code of Conduct Forms

Volunteering on School Grounds

All volunteers are required to sign in at the Main Office upon arrival and sign out upon departure. In addition, all volunteers must wear their Diocese of Trenton issued ID visibly at all times while on school grounds. Please note that signing in at the Main Office does not serve as a record of volunteer service hours. Families must still record their hours on the official Volunteer Log Form to ensure proper credit is given toward their family volunteer commitment.

Qualifying Volunteer Opportunities

Listed below are some of the qualifying volunteer activities including but not limited to:

- Recess and Lunch Duty
- PTA Board Member
- Room Parents
- Book Fair
- Kids Kastle Christmas Shop
- Calendar Raffle Ticket Sales
- Chocolate Sales
- Field Day
- Development Events
- Parish Picnic
- International Food Festival
- School Musical
- Head Coach/Assistant Coach
- Working the concession stand at games
- Working the score board
- Working the front door/tickets/entry fee table
- Setting up an athletic event
- Cleaning up after an athletic event
- Line Judge for Volleyball match
- Gift Auction Solicitation
- Gift Auction Basket Wrapping
- Gift Auction Ticket Sales
- Gift Auction Set Up
- Gift Auction Break Down
- Mother/Son Bowling
- Father/Daughter Dance
- Campus Grounds Clean Up
- Teacher Appreciation Week
- Parish Carnival
- Parish/School Clothing Drive



Photograph Consent Form

During the school year, events will take place that demonstrate the amazing happenings of St. Mary Academy. Such activities include, but are not limited to, afterschool clubs, Flex program, in school events, field trips, school plays, and more. Photographs and videos will be taken and used in a variety of capacities such as yearbook, print material, social media, and local newspapers.

Please be advised that children will not be identified in any form of social media.

However, children's names will appear in the school yearbook. If you do not wish to have your child appear in the yearbook, his photo and name will be removed. This includes the class picture.

Please complete the form below and return it to school by September. It is important that St. Mary Academy have one form for every child. If you have multiple children in the school, please complete a form for each child. If the consent is not returned, you child will be on the DO NOT photograph list and he will NOT appear in the school yearbook.

St. Mary Academy Photo Consent Form

Child Name _____ Grade _____

Homeroom Teacher _____

Please check one option below:

_____ **YES**, I give permission to St. Mary Academy to allow my child to be photographed for public relation activities during the school year. I understand this may include Yearbook, Social Media, St. Mary Academy and Parish websites, local newspapers. I understand that my child will not be identified in these pictures with the exception of the class page in the school yearbook.

_____ **Yearbook Only**, I give permission for my child's photo and name to appear in the school yearbook.

_____ **No**, I do not give permission for my child to be photographed in any capacity. I understand that my child will NOT be pictured or listed in the school yearbook.

Parent/Guardian Signature

Date



ANNUAL PHYSICAL and HEALTH FORM

In order for your child to enter St. Mary Academy, the State of New Jersey requires a physical exam and proof of all required immunizations must be submitted prior to the first day of school. All students must show proof of updated immunizations. St. Mary Academy does not accept Religious or Medical Exemptions.

Preschool

- (4) DTaP (with one dose being given on or after the 4th birthday)
- (3) Polio (with one dose being given on or after the 4th birthday)
- (1) MMR (1) Varicella on or after the first birthday
- (1) HIB after the first birthday
- (1) Pneumococcal vaccine after the first birthday
- (1) Influenza one dose between September 1st and December 31st for PreK3
- (1) Influenza one dose between September 1st and December 31st for PreK4

Kindergarten

- (5) DtaP or at least 4 doses with one being given on or after the 4th birthday
- (4) Polio or at least 3 doses with one being given on or after the 4th birthday
- (3) Hepatitis B
- (2) MMR
- (1) Varicella

6th Grade

- Tdap
- (1) Meningococcal

Influenza Shot

8:57 - 4.19 stipulates that children six months through 59 months of age attending any licensed child-care center, or preschool facility on or after September 1, 2008, shall annually receive at least one dose of *influenza vaccine* between September 1 and December 31 of each year.

Physical Exam

The Universal Child Health Record must be filled out with the physician's signature and dated in the current school year.

The Universal Child Health Record must be completed and submitted to the Health Office on or before the first day of school. A copy of updated immunizations must accompany the Universal Child Health Record. If your child is transferring from another school, please request that the school submit permanent records to St. Mary Academy.

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last) (First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)	
		Height (must be taken within 30 days for WIC)	
		Head Circumference (if <2 Years)	
		Blood Pressure (if ≥3 Years)	

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
----------------------	---

MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.	
Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.

- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.



CONTACT INFORMATION UPDATE FORM

Directions: Please only fill out if contact information has changed or any other pertinent information needs to be updated. Thank you!

Child's Name _____ Grade _____

Change in Parish? _____

New Address: _____

Child resides with both parents.

Town: _____

State: _____ Zip _____

Home Phone _____

Mom's Cell Phone _____

Dad's Cell Phone _____

Mom's Email Address _____

Dad's Email Address _____

Mother's Address: _____

Child shares time between both parents.

Town: _____

State: _____ Zip _____

Mom's Cell Phone _____

Mom's Email Address _____

Father's Address: _____

Town: _____

State: _____ Zip _____

Dad's Cell Phone _____

Dad's Email Address _____

Parish Affiliation Change _____