## Saint Isabella's PYC (Parish Youth Council)

Registration Form for 2019-2020 School Year

## **Parent/Guardian Consent:**

To complete this PYC registration form, please have it: (1) signed by a parent or guardian on page 1 (below), and (2) signed by the registering student on page 2.

I give permission for my child(print name): to attend PYC meetings and activities during the 2019-2020 academic year. In case of emergencies, I give permission for to obtain medical treatment.
Student's Allergies (if any):
Prescription Medicines:
Parent/Guardian Signature:
* Tuition Fee Schedule: By or Before October 1 <sup>st</sup> : \$90 for one child \$150 for 2 siblings \$200 for 3 siblings
By October 30 <sup>th</sup> : \$100 for one child \$160 for 2 siblings \$210 for 3 siblings
After October 30 <sup>th</sup> : \$110 for one \$175 for 2 siblings \$220 for 3 siblings
Payment: I wish to pay by check [Check#] I wish to pay by cash
I wish to pay by credit card: Visa Master Card
My card # is: My card expiration date is: Month/Year: / My 3-digit security code (last 3 numbers on back of card: Name on Card:
Early PYC Registration is HIGHLY ENCOURAGED, so that your PYC member will be informed of activities ASAP. Meetings start Monday October 7th 7:30 Form and payment must be mailed or delivered to:
St. Isabella PYC P.O. Box 6166

For questions about registration, please contact PYC Director Shane Graham @cell phone: (415) 497-7157 or email: pyc@stisabellasparish.org

1 Trinity Way

San Rafael, CA 94903

## TEEN INFORMATION (Please Print CLEARLY and Fill Out Completely)

NAME:	<del>.</del>	Sex: M F	
Address:	City: _	Zip:	
Teen Cell #	Home Phone #	ŧ	
Teen E-Mail(clearly):		Birth Date://	
School:	Grade:	Religion:	
Parents' Marital Status:  Married Divorced	Widowed \$	Single Remarried:	
Teen Lives with(check all that apple Guardian (If so, what is guardian			
PARENT/GUARDIAN INFORM	<u>IATION</u>		
1 <sup>st</sup> Parent/Guardian Name: Mother Father Stepmoth	ner Stepfather	Guardian Grandparent	
Address:			
Address: City:	State:	Zip Code:	
Cell Phone #	Home Phone #		
Work Phone #	e-mail (very clearly):		
2 <sup>nd</sup> Parent/Guardian Name: Mother Father Stepmoth	ner Stepfather	Guardian Grandparent	
Address:			
City:	State:	Zip Code:	
Cell Phone #	Home Pho	one #	
Work Phone #	e-mail:		
is only allowed with parent/guar	rdian's signed permisicipation is earned by over 50%) of the meet		
I have read and understar	nd this Registration F	orm:	
DVC MEMBED SIGNATUDE.			