

**NJC RELIGIOUS SCHOOL APPLICATION**

*Please return to:*  
1403 N. Causeway Blvd.  
Mandeville, LA 70471

Date \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address(es) \_\_\_\_\_ / \_\_\_\_\_  
*(Please print clearly)*

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address(es) \_\_\_\_\_ / \_\_\_\_\_  
*(Please print clearly)*

Where did your child attend religious school last year? \_\_\_\_\_

\_\_\_\_\_ YES, I can volunteer in Religious School by \_\_\_\_\_

\_\_\_\_\_ No. I cannot, but WILL donate \_\_\_\_\_

Child's Name	Birthday	Grade as of Sept. 1st

**Tuition is \$250 per year/per student and should be mailed to NJC.  
Members must be in good standing (dues current) to enroll your child in Religious School!**

\_\_\_\_\_ My check is enclosed.

\_\_\_\_\_ Please bill my Visa/Mastercard

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_ 3-digit security code \_\_\_\_\_

\_\_\_\_\_  
Signature

**NJC Religious School Registration, p.2**

**Please return by September \_\_\_\_\_, 2018.**

**Emergency Medical Information:**

Emergency contact person(s) (other than parent(s)). *Please notify named person(s) that they have been listed.*

Name: \_\_\_\_\_ phone: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
\_\_\_\_\_

Doctor/Facility: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_  
\_\_\_\_\_

Medical insurance policy name & number: \_\_\_\_\_

---

In order to provide the most effective learning experience possible, it would be helpful if you could identify any special needs (medical, learning, and/or behavioral concerns) that your child might have. This may include, but is not limited to, emotional, visual, or hearing concerns, or ADD or ADHS. Please feel free to discuss this with your child's teacher, or you may list your concerns here:

---

---

---

**Parent's acknowledgement:**

If my child becomes ill, or is injured while at Religious School, I understand that the staff will make every effort to contact me, or the person(s) named above. If I (we) cannot be reached, or if the staff of NJC Religious School feels that a medical emergency exists, then I authorize the staff to seek appropriate medical care and agree to assume all financial responsibility for that care. I further agree to not hold NJC, NJC Religious School, or any of its staff responsible for any such illnesses or injuries.

X \_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date