

# ST. MONICA CATHOLIC CHURCH

114 South Fourth Street  
Palatka, Florida 32177

Phone: 386-325-9777

Fax: 386-329-1960

E-Mail: stmonicacatholic@bellsouth.net

## BUS REGISTRATION AND RELEASE FORM

School Year 2007-2008

FAMILY NAME \_\_\_\_\_

FATHER'S NAME (PLEASE PRINT)  
\_\_\_\_\_

FATHER'S WORK NUMBER \_\_\_\_\_

MOTHER'S NAME (PLEASE PRINT)  
\_\_\_\_\_

MOTHER'S WORK NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT'S NAME AND GRADE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

CELL/CAR PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PLEASE LIST ANY CURRENT MEDICAL PROBLEMS, ALLERGIES OR MEDICATIONS THAT WE SHOULD BE AWARE OF

MEDICATION \_\_\_\_\_

FOR WHAT CONDITION? \_\_\_\_\_

BUS STOP YOUR CHILD/REN WILL BE USING (PLEASE CHECK ONE)

E. PALATKA EASTGATE SHOPPING \_\_\_\_\_

HASTINGS (DUDA'S SOD CO) \_\_\_\_\_

ELKTON - OLD STATE RD. 207 LOOP \_\_\_\_\_

ST. JOSEPH'S ACADEMY \_\_\_\_\_

EARLY EDUC. CTR. \_\_\_\_\_

NUMBER OF FULL FARE RIDERS \_\_\_\_\_

NUMBER OF SHUTTLE RIDERS \_\_\_\_\_

I have read and agree to the rules of conduct as stated. I agree to relieve St. Monica's Bus Service of all claims not covered by insurance. I have read and agree to the fares and payment schedule as stated.

I understand I am making a commitment for the school year, Aug through May. If circumstances change, I must notify St Monica Church that I no longer need the bus service or I will still be responsible for payment for that month.

Registration fees must accompany this Registration Form. **Registration Fee per family: \$60 Due: July 1<sup>st</sup>.**

(Signature) Father or Guardian: \_\_\_\_\_

(Signature) Mother or Guardian: \_\_\_\_\_

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For Office use only