

PALS REGISTRATION Form 2017-18



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

Person Responsible for commitment \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best Email \_\_\_\_\_

INSTRUCTIONS:

- **COMPLETE SECTION ONE - If** you are fulfilling your **full or partial PALS commitment** by choosing from the positions listed in the PALS Handbook.
- **COMPLETE SECTION TWO on the back - If** you are **paying the full or partial Service Substitution Fee.**

SECTION ONE - FULL OR PARTIAL PALS COMMITMENT

\_\_\_\_\_ I have selected the following to fulfill my PALing Commitment.  
*(Check here)*

Full _____	$\frac{3}{4}$ _____
$\frac{1}{2}$ _____	$\frac{1}{4}$ _____
$\frac{1}{2}$ _____	$\frac{1}{4}$ _____

As a parent/guardian of a student or students registered for the school year of 2017-18, I acknowledge the importance of my PALS commitment at St. Cyril of Alexandria School. By signing this agreement I am aware of my responsibility. I also understand that in the event I am unable to fulfill any portion of my commitment, I will be billed a pro-rated amount for services not rendered. This amount will be based upon the total Service Substitution Fee of \$600.00. A fee may be assessed for late payment.

I understand that non-fulfillment of the PALing Commitment and/or non-payment of the Service Substitution Fee will jeopardize the status of current/future registration at St. Cyril of Alexandria School.

I certify that I am the person who is financially responsible for this PALing Commitment.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

For Office Use  
PALS verification \_\_\_\_\_

**SECTION TWO – FULL OR PARTIAL SERVICE SUBSTITUTION FEE**

I have selected the following Service Substitution Fee to fulfill my PALS commitment. (*check one*)

- One full service substitution fee of \$600.00
- Three-quarter (3/4) service substitution fee of \$450.00
- One-half (1/2) service substitution fee of \$300.00
- One-fourth (1/4) service substitution fee of \$150.00

**I understand that this amount will be added to the financial commitment form.**

As a parent/guardian of a student or students registered for the school year of 2017-18, I acknowledge the importance of my PALS commitment at St. Cyril of Alexandria School. By signing this agreement I am aware of my responsibility. I also understand that in the event I am unable to fulfill any portion of my commitment, I will be billed a prorated amount for services not rendered. This amount will be based upon the total Service Substitution Fee of \$600.00. A fee may be assessed for late payment.

I understand that non-fulfillment of the PALS commitment and/or non-payment of the Service Substitution fee will jeopardize the status of current/future registration at St. Cyril of Alexandria School.

I certify that I am the financially responsible person for this PALS commitment.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

