

## A CATHOLIC COMMUNITY GROWING IN CHRIST

Family Name \_\_\_\_\_ Parish \_\_\_\_\_

Parent's Names \_\_\_\_\_

\_\_\_\_\_ Returning Family \_\_\_\_\_ New Family Referred by \_\_\_\_\_

Please register the following child/children for the upcoming school year:

Student Name	Grade Entering	DOB	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Present School (if transferring) \_\_\_\_\_

\_\_\_\_\_ We request information on financial assistance.

\$150.00 per family Registration Deposit (non-refundable) per family = \$150.00

**Only the Registration Deposit must be enclosed to secure your student's enrollment.**

\_\_\_\_\_ We choose **NOT** to have our child/children's picture used in any school advertising or website.

\_\_\_\_\_ We choose **NOT** to have our information published in the School Family Directory.

Registration for the upcoming school year will not be accepted for families whose previous year's tuition is more than 30 days in arrears unless financial arrangements have been made.

____ Birth Certificate	____ Sacramental Form	____ Diocesan Registration Form	____ Emergency Form
____ K/2/6 Health Forms	____ Dental Form	____ Eye Form	____ Immunization Form
Check # _____	Amount Enclosed _____	Date _____	