2008-2009
REGISTRATION FORM
Returning Students

I am registering my child, _____, for the
(Name)
2008-2009 school year for _____ grade. Birthdate _____

Name of Person Responsible for Payment of Tuition/Fees:
_____

Address: (Street)_____

(City & Zip)_____

Phone: (H)_____ (W)_____

***Effective 2009-2010 school year, a year, a child must be five years old by August 31st in order to attend Kindergarten.**

To be officially registered you must submit an official copy of your child's Social Security Card, Birth Certificate and Health Assessment Form.

In order to reserve a place for your child(ren) at St. Therese Catholic School for 2008-2009, please return this form, and the appropriate fee:

Non-refundable registration fee	**$100.00**
Maximum Family Registration Fee	**$200.00**
Early Registration Discount (February 8, 2008)	**30%**

10% tuition discount for multiple children

Parents/Guardians Signature: _____

Date: _____

OFFICE USE: Date Received: _____ Check # _____ Received By _____