

Complete this entire form to apply for enrollment. A fee is required for this form to be processed. If your child/ren cannot be accepted for enrollment your processing fee will be refunded.

ST. PAUL THE APOSTLE SCHOOL REGISTRATION: 2012-2013

(PLEASE PRINT)

Family Name: _____ Married Divorced Single Parent

Father: _____ Address _____ City _____ Zip Code _____

Mother: _____ Address _____ City _____ Zip Code _____

Child's Home Address: _____ City _____ Zip Code _____

Home Phone: _____ Father's Work# _____ Mother's Work# _____

Email Address: _____

Our Child/ ren plan to attend in 2012-2013

Our Child/ ren will not return in 2012-1013 because _____

Our family is registered in St. Paul the Apostle Church.

Our family is not registered; the church we attend is: _____ Accompanying letter from Parish _____

Our family will join St. Pau's if our children are enrolled. Yes No

List below the name(s) of your child(ren) who will be attending St. Paul School:

Name _____ Sex _____ Grade Next Year _____ Birth date _____

Name _____ Sex _____ Grade Next Year _____ Birth date _____

Name _____ Sex _____ Grade Next Year _____ Birth date _____

Name _____ Sex _____ Grade Next Year _____ Birth date _____

Name _____ Sex _____ Grade Next Year _____ Birth date _____

KINDERGARTEN ONLY

A child enrolled in Kindergarten must be 5 years old on or before September 1, 2012. We offer a full day session only.

PRE-SCHOOL / PRE-KINDERGARTEN ONLY

St. Paul School offers two early childhood programs if enrollment numbers are adequate. Please indicate your preference below. Placement will be determined by decision of the principal.

Mornings (Mon-Wed-Fri) 3 Day Preschool is for 3 year olds born between 9/2/08-9/1/09

Afternoons (Mon-Fri) 5 day Pre-Kindergarten is for 4 year olds born between 9/2/07-9/1/08

All Day PreSchool/PreKindergarten (Mon-Fri) for 3 and 4 year olds born between 9/2/07-9/1/09

FEE

A fee of \$100.00 for returning St. Paul parishioner families, and a \$150.00 fee for new families is required for registration. This fee is

NON-REFUNDABLE

After acceptance or enrollment, and will be applied to the yearly financial obligation.

OFFICE USE ONLY

Amount Paid _____ Check# _____ Cash _____ Direct Draw _____ Date _____ Office Initials _____