		CRMANENT RECORD 2017-2018	
Please specify program that you are registering for			
5:45 p.	n. – 7 p.m. Grades Kin	dergarten through Eighth Gi	rade
FAMILY LAST NAME			
ADDRESS	CITY	ZIP	PHONE
EMERGENCY PHONE	EM	AIL ADDRESS (ES)	
ATTENDING/REGISTEREI	O CHURCH		
FATHER	RELIGION		
MOTHER	RELIGION	I	MAIDEN NAME
\$50 DEPOSIT REQUIRE	ED WITH REGISTRATI	ON (THIS IS DEDUCTED FI	ROM TUITION DUE)
FEES: 1 STUDENT S	85 2 STUDENTS	S \$160 3 STUDENTS \$240	4 STUDENTS \$300

5+ STUDENTS – CONTACT RELIGIOUS EDUCATION OFFICE PARTIAL PAYMENTS ARE ACCEPTED. TUITION MUST BE PAID BY THE END OF THE SCHOOL YEAR.

STUDENT'S FULL NAME	BIRTH DATE/PLACE	BAPTISM DATE/CHURCH	SCHOOL DISTRICT	EUCHARIST DATE/PLACE	GRADE 2017/18

DATE