St. Mary's School Intent to Enroll

2013-2014

Parent Name:	ent Name: Ph.:			
Mailing Address				
E-Mail Address				
I intend to enroll my chi If this form is completed there will be no enrollm	d and turned in to the			
Student Name		Birth Date	Grade in 13-14	
Enrollment F	ee: \$100 per child	if enrolled after Mar		
Parent Signature:		Date:		
Office Signature:		Date	Date:	
Please mark the programs y	our child(ren) will attend	:		
Pre-Kindergarten M-F				
 3 year old Parish Member 8:00-11:00 4 year old Parish Member 8:00-11:00 4 year old Parish Member 8:00-3:00 		4 year old No	3 year old Non-Member 8:00-11:00 4 year old Non-Member 8:00-11:00 4 year old Non-Member 8:00-3:00	
K-8 Parish Members	K – 8 Non-Member	Possible interest in A	AFTERCARE 3pm-5pm	
one child	one child	one ch		
two children three or more	two children three or more		nildren or more	