



ST. MICHAEL CATHOLIC SCHOOL
2021-2022 ACADEMY OF ANGELS KR REGISTRATION

Student Name: _____ Birth Date: _____

Address: _____

Gender: Male Female Social Security Number: _____

Ethnicity: _____ Public School District: _____

Is Student Baptized? Yes No Is Student Catholic? Yes No

Check Any Statements that are TRUE for your child:

- Has attended a daycare/preschool program: Where? _____
- Is on an IEP (please provide a copy of the current plan to the school)
- Has custody documentation forms (please provide a copy of the current plan to the school)
 - Custodial Parent is: _____
- Has a food allergy: Explain: _____

FATHER'S NAME: _____ Salutation: Mr. Dr.

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Religious Denomination: _____

MOTHER'S NAME: _____ Salutation: Mrs. Ms. Miss Dr.

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Religious Denomination: _____

Register Child For:

- Kindergarten Readiness (*turn 4 by May 31, 2021*)
 - Active Parishioner Rate \$2920
 - Non-Parishioner Rate \$4935

\$50 non-refundable deposit is required at the time of registration. The deposit will be applied to tuition.

Please check one of the following methods of payment:

- Single Payment by cash or check. Tuition must be prepaid by **June 1, 2021**. All tuition paid in full after this date will be increased by \$100.
- Monthly Electronic Funds Transfer (\$25 additional charge). Transferred on the 20th of the month July – April.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

Amount Paid:

Check #

Date: