



2011-2012

K4 REGISTRATION

A Tuition Deposit of **\$100.00** per child is due at the time of registration. This deposit will be applied to the first tuition payment. Registration forms and payment are due by Friday, April 1st.

STUDENT NAME	
LAST	FIRST MIDDLE NAME
Name child goes by / Nickname:	Check One: <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC
BIRTHDATE ____/____/____	Check One: <i>(optional)</i> <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____
AGE AS OF 9/1/2011 _____	
BIRTHPLACE _____	

SIBLINGS		
Name:	Birth date:	School Attending:

K4 Program is dependent upon the number of children enrolled in the program by April 1st.
If not enough children enroll, your tuition deposit will be refunded.

St. Paul School
 S38 W31602 Hwy D, Genesee Depot, WI 53127
 Phone: (262) 968-3175 Fax: (262) 968-5546

FAMILY INFORMATION

FATHER/Step/Guardian Name:	
Street Address:	
City, State, Zip:	
Home Telephone Number:	
Employer:	
Emergency Work Number:	
Cell Phone or Beeper:	
Shift/Working Hours:	
Check One:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC

MOTHER/Step/Guardian Name:	
Mother's Maiden Name:	
Street Address: <small>(if different)</small>	
City, State, Zip:	
Home Telephone Number:	
Cell Phone or Beeper:	
Employer:	
Emergency Work Number:	
Shift/Working Hours:	
Check One:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC

Family email address: _____

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4K Program enrollment:

- 5 day Full Day
- 5 day Half Day
- Other – please contact school principal directly

Student lives with:

- Both Parents
- Father/Step/Guardian
- Mother/Step/Guardian

We are willing to volunteer our time to help out in the classroom (this will help in keeping the cost of the program down):

- Yes
 - Mondays
 - Tuesdays
 - Wednesdays
 - Thursdays
 - Fridays
 - Other

- No

School Last Attended (if applicable): _____

Address: _____

City: _____ State & Zip: _____

Phone: _____

<p>OFFICE USE ONLY</p> <p>Received Date _____</p> <p>Check # _____</p> <p>Check Amount _____</p> <p>Voucher <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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