

HOLY GHOST /ST. PETER THE APOSTLE CONSOLIDATED SCHOOL

2010-2011 EARLY CHILDHOOD REGISTRATION

PLEASE PRINT

FAMILY NAME _____ HUSBAND _____ WIFE _____

STREET ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____ DAYTIME PHONE # _____

PARENT' EMAIL _____

STUDENT NAME _____ RELIGION _____

Check desired option:

- 3 Half Days-3 Year Olds** **Monday, Wednesday, Friday** **8:50-11:20 a.m.**
- 4 Half Days-4 Year Olds** **Tuesday, Thursday: 8:50-11:20 am** **Wednesday, Friday: 12:20-2:50 pm**
- 2 Full & 2 Half Days-4 Year Olds** **Tuesday, Thursday: 8:50am-2:50 pm** **Wednesday, Friday: 12-20-2:50 pm**

Are you a registered member of Holy Ghost Parish? YES _____ NO _____

Do you have children presently registered for Grades K-8 at HGS? YES _____ NO _____

*****A Certified Birth Certificate and a Baptismal Certificate must be presented with registration.*****

Registration/supply Fee: \$135.00
REGISTRATION FEES ARE NOT REFUNDABLE

I realize this registration implies my intent to comply with all of the following:

1. The understanding of and the commitment to meet the required financial support.
2. Volunteer in parish and school activities according to my/our abilities.
3. Cooperation with the school staff.
4. Agreement with the rules and regulations contained in the school family handbook.
5. Contributing to the \$250 fundraising requirement per family.
6. Participation in the Holy Ghost Parish Generations of Faith Program.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Amt. Received _____ Cash _____ Ck# _____ Date _____