

HOLY GHOST SCHOOL
2011-2012 EARLY CHILDHOOD REGISTRATION

PLEASE PRINT

Family Name _____ Husband _____ Wife _____

Street Address _____ City _____ Zip _____

Home Phone # _____ Daytime Phone # _____

Parent E-mail _____

Student Name _____ Religion _____

Are you a registered member of Holy Ghost Parish? Yes _____ No _____

Check desired option:

- | | |
|--|----------------------------------|
| ___ (A) 3 Half Days-3 Year Olds | Monday, Wednesday, Friday |
| Yearly Tuition: \$1,275 | 8:50-11:20 am |
| ___ (B) 4 Half Days-4 Year Olds | Tuesday, Thursday 8:50-11:20 am |
| Yearly Tuition: \$1,700 | Wednesday, Friday 12:20-2:50 pm |
| ___ (C) 2 Full & 2 Half Days-4 Year Olds | Tuesday, Thursday 8:50am-2:50 pm |
| Yearly Tuition: \$2,550 | Wednesday, Friday 12:20-2:50 pm |

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

Registration/Supply Fee: \$135.00
REGISTRATION FEES ARE NOT REFUNDABLE
Checks should be made payable to Holy Ghost School

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.

Parent/Guardian Signature _____ Date _____

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