

ST. ANDREW APOSTLE SCHOOL 3 YEAR OLD PRE-KINDERGARTEN REGISTRATION FOR 2010-2011
11602 Kemp Mill Road
Silver Spring, MD 20902
301 649-3555

Non-refundable registration fee of \$500 per family.
The \$500 will be applied to the 2010-2011 tuition.

****FOR OFFICE USE ONLY ****
Date Paid _____
\$500 Check # _____

CHILD'S NAME _____
(last) (first) (middle)

T,Th MORNING (8:00 AM - 11:00 AM) _____ T,Th AFTERNOON (11:40 AM - 2:40 PM) _____

T,Th FULL DAY (8:00 AM - 2:40 PM) _____ M-F FULL DAY (8:00 AM - 2:40 PM) _____

ADDRESS _____
(street) (city) (zip)

Home Phone _____ Date of Birth _____ Place of Birth _____

Male/Female _____ Religion _____ U.S. Citizen _____

Current School _____
(name) (address) (zip)

FAMILY DATA - FATHER

Father's Name _____ Education _____
(last) (first)

Address if different than child _____

Occupation & Place of Employment _____

Business Phone _____ Religion _____

Parish _____ Date of Registration _____

FAMILY DATA - MOTHER

Mother's Name _____ Education _____
(last) (first)

Address if different than child _____

Occupation & Place of Employment _____

Business Phone _____ Religion _____

Parish _____ Date of Registration _____

Student resides with: Both Parents _____ Father only _____ Mother only _____ Other _____

STUDENT'S ETHNIC ORIGIN (Required by Title VI of the Civil Rights Act)

Check all that apply: White/Caucasian _____ Black _____ Oriental/Asian _____
Hispanic (regardless of race) _____ American Indian _____

Languages, besides English, spoken in the home _____

STUDENT'S SACRAMENTAL INFORMATION

Baptism _____
Dates _____ Church _____

CHILDREN IN THE FAMILY (please list every child in order of birth)

First Name	Birth Date	First Name	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that my signature on this agreement verifies that I will abide by the policies and procedures of the school and its administration as stated in the St. Andrew's Parent/Student Handbook. My signature also verifies that I have shared all available educational and medical information (I.E.P.'s, diagnostic testing, etc.) concerning my child in order to ensure a successful school experience. I understand the terms of this agreement as they regard the payment of registration, tuition, and other fees. Failure to abide by these agreements may result in the withdrawal of my child from St. Andrew Apostle School.

Parent/Guardian Signature and relation to child _____ Date _____

Please Print _____