

CORPUS CHRISTI ACADEMY

Sacred Heart of Jesus Parish

Saint Clare Parish

Please print clearly in black or blue ink.

Registration forms are to be submitted to Corpus Christi Academy Office.

Parent Name _____

Student Last Name _____

Preschool Registration Agreement 2017-2018 School Year

Registering as: () Sacred Heart of Jesus Parishioner () St. Clare Parishioner () Non-Parishioner

Registering as: () Catholic () Non-Catholic

Registration is complete ONLY upon following:

- (1) Tuition payments are current for 2016-2017 with Corpus Christi Academy.
- (2) Payment of **\$100 per student must** accompany this Agreement. Registration Fee is **non-refundable.**
- (3) Corpus Christi Academy and Parish Business Office review for accuracy and completeness.
- (4) Birth Certificate, Baptismal Certificate received (new students).

Father/Guardian Information

() Custodial () Non-Custodial

Name _____

Address _____

E-mail _____

Phone _____

(Please mark preferred phone)

Mother/Guardian Information

() Custodial () Non-Custodial

Name _____

Address _____

E-Mail _____

Phone _____

(Please mark preferred phone)

Student Information

<u>Name (First & Last)</u>	<u>Date of Birth</u>	<u>Grade 2017-18</u>	<u>N (New) or R (Return)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Name: _____

Number of Students _____ Grade Level (s) _____

Tuition Rate _____

BALANCE OF THIS PAGE - OFFICE USE ONLY

(a) _____ (New student) Birth, Baptism, Health, Academic transfer info received

(b) _____ Review Registration Agreement for completeness

(c) _____ Registration Fee (\$100/student) Check No. _____ Cash _____

(d) _____ Parishioner status checked

(e) _____ Current on tuition payments checked

Received by _____

Date Received _____

Registration Approved by _____

Date Approved _____