



STUDENT REGISTRATION 2019 – 2020 SCHOOL YEAR

Student's Last Name _____ First Name _____

Birthday _____

Address _____

City, State, Zip _____

Grade they will be entering _____

Parish _____

Mother's Name _____

Mother's Address _____

Mother's Cell Phone _____ Home Phone _____

Mother's email _____

Father's Name _____

Father's Address _____

Father's Cell Phone _____ Home Phone _____

Father's email _____

****\$100 Non-Refundable Registration Fee Due with this Form***

Preshool - 5 full days _____ 5 half days _____ 3 full days _____ 3 half days _____