

Mr.s Luque

# St Edward Catholic Preparatory Academy    **Preschool 3– Grade 8**

274 Division Street    Elgin, Illinois 60120    Phone #: 847-931-2804    www.stedwardcatholicpreparatoryacademy.org

## REGISTRATION FORM

PLEASE RETURN THIS FORM with \$325.00 REGISTRATION FEE before May 31st.

After August 1<sup>st</sup> registration fee is \$350.00.

Registration fee includes: Books, Technology and School Uniform.

Registration fee per family is **Non- Refundable**

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address 1 \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Address 2 \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade in August \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Student \_\_\_\_\_ Gr. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Registration Fee: Date pd. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card last four digits \_\_\_\_\_

Paid in full \_\_\_\_\_

First Payment      Date \_\_\_\_\_      Amount\$ \_\_\_\_\_

Second Payment      Date \_\_\_\_\_      Amount\$ \_\_\_\_\_

Registration fee must be paid in full by August 1<sup>st</sup> for returning families... Thank you!

Blessings,

Dr. Kathleen E. Miller – Principal