



# St. Joseph Catholic School

## 2009-2010 Registration Application

### Student Information

Name	Birthdate	2009-2010 Grade

### Parent / Guardian Information

Father/Guardian	Mother/Guardian
Name	Name
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
E-mail	E-mail

### Sibling Information

Name	Birthdate	Grade / Age	Name of School

### Payment Information (Choose one option)

<input type="checkbox"/>	<b>Prepayment Option</b> – 50% of total parent investment due June 15, 2009 / 50% due Aug. 31, 2009
<input type="checkbox"/>	<b>SMART Tuition Program</b>
<input type="checkbox"/>	<b>10 monthly payments</b> – June 2009 through March 2010
<input type="checkbox"/>	<b>12 monthly payments</b> – June 2009 through May 2010
<input type="checkbox"/>	<b>4 quarterly payments</b> – June 2009, September 2009, December 2009, March 2010
<input type="checkbox"/>	<b>Payroll Deduction</b> – parish/school employees only