



K4-8 Grade Registration Form ~ 2018-2019

A **\$100 per family Non-Refundable Registration Fee** must accompany this form. Please return form & fee to:

St. Mary Parish School Office
 N89 W16215 Cleveland Ave.
 Menomonee Falls, WI 53051

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone Numbers: _____

E-mail Address: _____

	Child's Name	Date of Birth MM/DD/YY	Gender M/F	K4-1/2 Day*	K4-Full Day*	K5 - 8 Fall grade level
1 st Child						
2 nd Child						
3 rd Child						
4 th Child						
5 th Child						

Registration Fee is attached to this form. _____
Parent Signature

ST. MARY PARISH SCHOOL OFFICE USE ONLY			
Registration Received:	Date _____	Time _____	CK # _____ Amount _____