

Please staple check or cash in upper left corner. Thank you

Please Check One: _____ New Family _____ Returning Family



K5-8 Registration Form ~ 2016/2017

Return with \$100 registration fee to:

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

Challenging Minds • Developing Character • Living Jesus

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone Numbers: _____

E-mail Address: _____

**A \$100 per family registration fee must accompany registration form.
This fee is **nonrefundable**.**

		Date of Birth	Gender (M/F)	K5	1 - 8 (indicate grade level for Fall of 2016/17 school year)
Child Name:					
Child Name:					
Child Name:					
Child Name:					

Your check or cash is stapled to this form.

ST. MARY PARISH SCHOOL OFFICE USE ONLY

Registration Received: Date: _____ Time: _____ CK #: _____ Amount: _____