

**ST. ANN SCHOOL REGISTRATION
2009-2010**

Child's Name: _____ Birth date: _____ Age: _____

Grade Entering: _____ Social Security: _____

Place of Birth: City _____ State _____

School (s) previously attended: _____

Birth Mother's Name: _____

Home Address: _____

Number, street or avenue Phone Number (Home & Cell numbers)

City/Town State Zip Code

Birth Father's Name: _____

Address (if different): _____

Phone Numbers (Home & Cell Numbers)

Legal Guardian if other than Birth Mother or Father _____

Address _____

Number, street or avenue City State Zip Code

Marital Status: Married Divorced Single

If divorced, name of parent with legal custody _____

If divorced, please attach a copy of divorce decree.

Are you currently a parishioner of St. Ann Parish? Yes No

If Catholic are you registered in another parish? Yes No

If yes, what parish are you registered in? _____

Religion (if not Catholic) _____

Father's Employer and Business Address: _____

Father's Business Phone Number: _____

Mother's Employer and Business Address: _____

Mother's Business Phone Number: _____

Public school district in which your family resides: _____

Public school in district your child would attend if not St. Ann: _____

Note: At registration all kindergarten and students new to St. Ann School are required to provide copies of their **birth certificate, social security number** and baptismal records (if the child/ren were not baptized at St. Ann). St. Ann School also requires that **all children** have a physical upon entrance into school and at the beginning of **kindergarten, third and sixth** grades. The State of Missouri requires that all children be **adequately immunized**, and these records must be kept on file at the attending school.

Parent/Guardian Signature: _____ Parent/Guardian Signature _____

ALL REGISTRATIONS ARE DUE BACK TO THE SCHOOL BY MONDAY, MARCH 30, 2009 TO INSURE A SPOT FOR YOUR CHILD DURING THE 2009-2010 SCHOOL YEAR. ALL MONIES DUE NEED TO BE TURNED INTO THE SCHOOL OFFICE AT TIME OF REGISTRATION.

Please fill in information below:

Dates: Baptism _____

Penance _____

Eucharist _____

Confirmation _____

TUITION PAYMENT PREFERENCE FORM

PARENT/GUARDIAN'S NAME : _____

ADDRESS: _____

Number, street or avenue

City/State

Zip Code

PHONE NUMBERS: _____

Home #

Work #

Cell #

STUDENT'S NAME: _____

Tuition for the 2009-2010 school year will be paid by:

_____ Option 1 – Single Payment due July 1, 2009. amount due at each payment \$ _____

_____ Option 2 - Two Payment Plan – due July 1, 2009 and December 1, 2009. Amount due at each payment \$ _____.

_____ Option 3 - Monthly Bank Automatic Debit Payment Plan. Payments are budgeted over 10 or 12 months beginning in July 2009. Amount due at each payment \$ _____

If you choose to pay monthly through the Automatic Debit Plan, we will provide you with an agreement form as soon as they are available from Keystone Bank. (Note: you do not need to be a customer of Keystone Bank to use this plan.) You should complete and sign the form, and attach either a void check or deposit slip.

PLEASE NOTE: IF YOU SELECT OPTIONS 1 OR 2 AND PAYMENT IS NOT MADE BY DUE DATE, THEN PAYMENTS WILL HAVE TO BE MADE THROUGH THE AUTOMATIC DEBIT PAYMENT PLAN.

This form must be returned to the school office with your registration form. If you have any questions, please contact the school office (381-0113).

I agree to make tuition payments for the 2009-2010 school year according to one of the options above.

Parent's Signature

Date

**St. Ann School
Re-Registration 2008-2009**

Child's Name: _____ **Grade Entering:** _____

Birth Mother's Name: _____

Home Address: _____

Number, street or avenue

Phone Numbers (Home & Cell numbers)

City/ Town

State

Zip Code

Birth Father's Name: _____

Address (if different): _____

Number, street or avenue

Phone Numbers (Home & Cell numbers)

City/Town

State

Zip Code

Legal Guardian if other than Birth Mother or Father _____

Address _____

Number, street or avenue

Phone Numbers (Home & Cell numbers)

City/Town

State

Zip Code

Marital Status: Married Divorced Single

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Are you currently a parishioner of St. Ann Parish? Yes No

If Catholic are you registered in another parish? Yes No

If yes, what parish are you registered in? _____

Father's Employer and Business Address: _____

Father's Business Phone Number: _____

Mother's Employer and Business Address: _____

Mother's Business Phone Number: _____

Public school district in which your family resides: _____

Public school that your child would attend if not St. Ann School: _____

All registrations are due back to the school office by MONDAY, MARCH 31, 2008

All fees need to be turned into the school office at time of registration.

ALL TUITION AND FEES FOR THE CURRENT SCHOOL YEAR MUST BE UP TO DATE IN ORDER FOR YOUR CHILD'S RE-REGISTRATION TO BE CONSIDERED COMPLETE.