

# 2009-2010 School Year NEW REGISTRATION

Child's Name \_\_\_\_\_

Grade in September \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade in September \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade in September \_\_\_\_\_

Address \_\_\_\_\_  
Street Town State Zip

Home Telephone \_\_\_\_\_

Parish \_\_\_\_\_ Town \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

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

Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

1. A non-refundable registration fee of \$100 per family must accompany this form.
2. In the event that a grade is full, you may ask to be placed on a waiting list, which still requires submitting this form with the registration fee.
3. Acceptance of this fee by Holy Family Catholic Academy does not guarantee enrollment.

Name of Parent/Guardian (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_