

FAMILY NAME _____

Please make sure the following is completed:

For office use only:

Copy of birth certificate _____

Copy of baptism certificate _____

Copy of immunization record _____

Signed Registration Form _____

Signed Fee Payment Schedule _____

Signed and completed Emergency Form _____

Completed Voluntary Parent Participation Form _____

Signed Counseling Form _____

Signed Family Life Permission Form _____

Signed Computer Technology Form _____

Email Address _____

completed if checked