

# Huron Valley Catholic School

## Pre-School Enrollment Application 2010 - 2011

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

Address \_\_\_\_\_

City&Zip \_\_\_\_\_

Phones (home) \_\_\_\_\_ (work) \_\_\_\_\_

(e-mail) \_\_\_\_\_ (cell) \_\_\_\_\_

ChurchAttending \_\_\_\_\_

Denomination \_\_\_\_\_

School District you reside in \_\_\_\_\_

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

Address (if different) \_\_\_\_\_

City & Zip \_\_\_\_\_

Phones (home) \_\_\_\_\_ (work) \_\_\_\_\_

(e-mail) \_\_\_\_\_

(e-mail) \_\_\_\_\_ (cell) \_\_\_\_\_

Church Attending \_\_\_\_\_

Denomination \_\_\_\_\_

**Referred by** \_\_\_\_\_

**How did you originally hear about us?** \_\_\_\_\_

PLEASE COMPLETE OTHER SIDE

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### HVCS USE ONLY

Date Received \_\_\_\_\_ Registration Amount \_\_\_\_\_

Returning \_\_\_\_\_ New \_\_\_\_\_ Priority Status \_\_\_\_\_ Check # \_\_\_\_\_

## STUDENT INFORMATION

We would like to enroll the following child(ren) in Huron Valley Catholic School Pre-School Program for the 2010-2011 school year. The non-refundable registration fee of \$50.00 per student is due at the time of enrollment.

Child's Name (First and middle initial)	Sex	Age	Birthdate	Current Siblings @ HVCS	Reg. Fee
					\$ 50
					\$ 50

Total Non-Refundable Registration Fee Enclosed    \$ \_\_\_\_\_

I have read the Registration and Tuition Policies (2010-2011) sheet and agree to the terms for payments and application procedures. I also accept the school goals as listed in the Mission and Beliefs Statement. I understand that all students will participate in religious education classes and activities. I have read the Dress Code and the Code of Behavior and agree to support it in principle and administration.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration fee must accompany this application.