



St. Maria Goretti Kindergarten 2010-2011 Registration Contract

DATE: _____

TUITION : FULL DAY - 10 month school year
 Level I - \$4,300 Level 2 - \$4,800 Level 3 - \$5,000.

HOURS:
 Mon. - Thurs. 9:00am - 2:30pm
 Friday 7:50am - 1:30pm Mass Fri, 8:00am

BOOK FEE/REGISTRATION: \$175.00/per student	Date Pd. _____	Amt. Pd. _____	Ck#/Cash _____
HEALTH/IMMUN. RECORDS			Yes No
BIRTH CERTIFICATE ON FILE			Yes No
BAPTISMAL CERTIFICATE ON FILE			Yes No

MUST BE FILLED OUT COMPLETELY, (Very Important) PLEASE PRINT:

Child's Last Name:	First Name:	M.I.	Nickname
Home Address:	Date of Birth:	PARISH: Catholic: Non:	
City: Zip:	Child's Religion:	Ethnic Background:	
Phone #:	Church of Baptism: Baptismal Date:	City & State of Church:	

Please list any allergies:

FATHER'S NAME:	MOTHER'S NAME:
HOME ADDRESS:	HOME ADDRESS:
ZIP:	ZIP:
HOME PHONE #:	HOME PHONE #:
WORK PHONE #:	WORK PHONE #:
CELL PHONE #:	CELL PHONE #:
EMAIL ADDRESS:	EMAIL ADDRESS:
OCCUPATION: ADDRESS:	OCCUPATION: ADDRESS:
RELIGION:	RELIGION:

HOME CONDITIONS: TWO PARENT SINGLE PARENT FATHER/MOTHER DECEASED PARENTS DIVORCED FOSTER HOME

NAME OF PERSON WITH WHOM PUPIL LIVES - IF OTHER THAN ABOVE RELIGION OCCUPATION BUSINESS ADDRESS & PHONE #

If a separated/divorced parent is to receive mailings (except report cards), please PRINT his/her name and address below:

NAME: _____

ADDRESS: _____

_____ ZIP _____

ST. MARIA GORETTI
6261 NORTH GRANITE REEF ROAD
SCOTTSDALE, AZ 85250
480-948-3606
FAX: 480-948-8815