

# SAINT MICHAEL'S SCHOOL

16560 Three Notch Road, Ridge, Maryland 20680  
Phone Number 301-872-5454 (Fax) 301-872-4047

## Registration Contract 2011 – 2012

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (Print Clearly) \_\_\_\_\_

Mailing Address \_\_\_\_\_

911 Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening/Home Phone \_\_\_\_\_

E-Mail Address for School Communications \_\_\_\_\_

### Students Attending St. Michael's Grades Pre-K – 8<sup>th</sup>:

(If Pre-K, Please note Full-Day/Half-Day or Full-Time/Part-Time)

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

### Additional Obligations (Choose):

- 1) \_\_\_\_\_ I will participate in volunteer/fundraising requirements of 15 Hrs. and \$350 profit.
- 2) \_\_\_\_\_ I do not want to participate in volunteer/fundraising agreement and agree to the cost based tuition rate of \$7,500 per student (dependent upon enrollment as of 9/30/2011).

**\*Charges will be assessed to families falling short of the requirements as described in the Volunteer/Fundraising Handbook 2010-2011**

We are participating members of \_\_\_\_\_ Parish.

### Payment Choices:

\_\_\_\_\_ Monthly (July – May)

\_\_\_\_\_ 4 Payments (July/Oct/Jan/April)

\_\_\_\_\_ 2 Payments (July and January)

\_\_\_\_\_ 1 Payment (Due to School Office by July 20<sup>th</sup>) \*P.O. Box 259, Ridge, MD 20680

**Payment Date:** \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 20<sup>th</sup> of Month

\_\_\_\_\_ I have enclosed the registration fee of \$150 per student (max \$300 per family). I agree to pay the amount of tuition as stated in the 2011/2012 rates in consideration of my Volunteer/Fundraising agreement choice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date