

SAINT MICHAEL'S SCHOOL

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

Registration Contract 2010 – 2011

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 – 8th:

(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 \$6,600 per student (dependent upon enrollment as of 9/30/2010).

***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 20th) *P.O. Box 259, Ridge, MD 20680

Payment Date: _____ 10th _____ 20th 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 2010/2011 rates in consideration of my Volunteer/Fundraising agreement choice.

Signature

Date