



# St. Vincent de Paul Regional School

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Mays Landing, NJ 08330

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## 2019-20 REGISTRATION FORM

### STUDENT INFORMATION:

CHILD'S NAME

GRADE

DATE OF BIRTH

CHILD'S NAME

GRADE

DATE OF BIRTH

CHILD'S NAME

GRADE

DATE OF BIRTH

**If you are registering your child for the Pre-K Program, please indicate below if it will be on full-time or part-time basis: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ (3 full days or 5 half days)**

**Tuition Assistance is not available for pre-school students.**

### PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME - 1

PHONE

ADDRESS

PARENT/GUARDIAN NAME - 2

PHONE

ADDRESS

EMAIL ADDRESS - 1

EMAIL ADDRESS - 2

PARISH

SCHOOL DISTRICT

**IF YOU HAVE A CHILD NOT CURRENTLY ENROLLED IN OUR SCHOOL, PLEASE PROVIDE THEIR INFORMATION BELOW:**

### ADDITIONAL CHILDREN LIVING IN THE HOME:

CHILD'S NAME

GRADE

DATE OF BIRTH

CHILD'S NAME

GRADE

DATE OF BIRTH

**PARENT/GUARDIAN SIGNATURE**

**DATE**

**\*Registration fees are non-refundable**

### OFFICE USE ONLY

#### REGISTRATION FEES\*

\$100.00 (per student) X \_\_\_\_\_ =

REGISTRATION FEE DUE

AMOUNT RECEIVED

DATE RECEIVED

RECEIVED BY