



St. Vincent de Paul Regional School

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Mays Landing, NJ 08330

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2021-22 REGISTRATION FORM

STUDENT INFORMATION:

CHILD'S NAME _____ GRADE _____ DATE OF BIRTH _____

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- **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 preschool students**

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME - 1 _____ PHONE _____

ADDRESS _____

PARENT/GUARDIAN NAME - 2 _____ PHONE _____

ADDRESS _____

MOTHER EMAIL ADDRESS _____ FATHER EMAIL ADDRESS _____

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 _____

X

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 _____