



ST. VINCENT DE PAUL REGIONAL SCHOOL

5809 Main Street, Mays Landing, NJ 08330

Phone: 609.625.156 Fax: 609.625.4703 www.svdprs.com info@svdprs.com

2024-25 REGISTRATION FORM

STUDENT INFORMATION:

CHILD'S NAME GRADE DATE OF BIRTH

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- **If you are registering your child for the PreK Program, please indicate below if it will be on a 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

ADDITIONAL CHILDREN LIVING IN THE HOME:

If you have a child not currently enrolled in our school, please provide their information below:

CHILD'S NAME GRADE DATE OF BIRTH

CHILD'S NAME GRADE DATE OF BIRTH

X

PARENT/GUARDIAN SIGNATURE

DATE

***** REGISTRATION FEES ARE PER STUDENT AND ARE NON-REFUNDABLE *****

***\$125.00 from January 8, 2024 through February 9, 2024; \$150.00 on or after February 12, 2024**

If you would like to set up a payment plan for multiple students or to pay registration fees online, please contact the Office.

OFFICE USE ONLY

REGISTRATION FEE

\$125.00* PER STUDENT X _____ # OF STUDENTS = _____ REGISTRATION FEE DUE

AMOUNT RECEIVED

DATE RECEIVED

RECEIVED BY