



# ST. VINCENT DE PAUL REGIONAL SCHOOL

5809 Main Street, Mays Landing, NJ 08330

Phone: 609.625.1565 Fax: 609.625.4703 www.svdprs.com 4info@svdprs.com

## 2024-25 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 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 \_\_\_\_\_