



Please Print with Blue or Black Ink

Date _____

Section I: Family Information

Family Name _____
Street _____ City/State/Zip _____
Home Phone _____ Home E-mail _____

Section II: Parental/Guardian Information

Father Name _____ Father ___ Stepfather ___ Guardian ___ Deceased ___
Employer _____ Occupation _____
E-mail Address _____ Cell Phone # _____
Work Address _____ City/State/ Zip _____
Work Phone# _____
Religion _____ St. Christopher Parishioner? Y ___ N ___ Since 19 ___ /20 ___
Marital Status _____ Father's Place of Birth City/State _____
Father's address (if different from above) _____
City/State/Zip _____ Home Phone _____

Mother Name _____ Mother ___ Stepmother ___ Guardian ___ Deceased ___
Employer _____ Occupation _____
E-mail Address _____ Cell Phone # _____
Work Address _____ City/State/ Zip _____
Work Phone # _____ Mother's Place of Birth City/State _____
Religion _____ St. Christopher Parishioner? Y ___ N ___ Since 19 ___ /20 ___
Marital Status _____ Maiden Name _____
Mother's address (if different from above) _____
City/State/Zip _____ Home Phone _____

Section III: Student Information

Provide information for each child registering at St. Christopher School for the 2019 - 2020 school year.

Student # 1: Last Name _____ First _____ Middle _____
Street Address _____ City/State/Zip _____
(If different than above)
Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth
Male / Female Birth Date: Month _____ Day _____ Year _____
City/State of Birth _____, _____
Public School District of Residence _____ (Must Complete - Required by State)
Public School Building _____ (Must Complete - Required by State)
Religion _____ Child's Race _____ (Must Complete - Required by State)
Baptism: Full Date ___ / ___ / ___ Church _____ City/State _____
Reconciliation: Full Date ___ / ___ / ___ Church _____ City/State _____
1st Communion Full Date ___ / ___ / ___ Church _____ City/State _____
Confirmation Full Date ___ / ___ / ___ Church _____ City/State _____

Student # 2: Last Name _____ First _____ Middle _____

Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth

Male / Female Birth Date: Month _____ Day _____ Year _____

City/State of Birth _____, _____

Public School District of Residence _____ (Must Complete - Required by State)

Public School Building _____ (Must Complete - Required by State)

Religion _____ Child's Race _____ (Must Complete - Required by State)

Baptism: Full Date ____/____/____ Church _____ City/State _____

Reconciliation: Full Date ____/____/____ Church _____ City/State _____

1st Communion Full Date ____/____/____ Church _____ City/State _____

Confirmation Full Date ____/____/____ Church _____ City/State _____

Student # 3: Last Name _____ First _____ Middle _____

Street Address _____ City/State/Zip _____

(If different than above)

Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth

Male / Female Birth Date: Month _____ Day _____ Year _____

City/State of Birth _____, _____

Public School District of Residence _____ (Must Complete - Required by State)

Public School Building _____ (Must Complete - Required by State)

Religion _____ Child's Race _____ (Must Complete - Required by State)

Baptism: Full Date ____/____/____ Church _____ City/State _____

Reconciliation: Full Date ____/____/____ Church _____ City/State _____

1st Communion Full Date ____/____/____ Church _____ City/State _____

Confirmation Full Date ____/____/____ Church _____ City/State _____

Student # 4: Last Name _____ First _____ Middle _____

Street Address _____ City/State/Zip _____

(If different than above)

Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth

Male / Female Birth Date: Month _____ Day _____ Year _____

City/State of Birth _____, _____

Public School District of Residence _____ (Must Complete - Required by State)

Public School Building _____ (Must Complete - Required by State)

Religion _____ Child's Race _____ (Must Complete - Required by State)

Baptism: Full Date ____/____/____ Church _____ City/State _____

Reconciliation: Full Date ____/____/____ Church _____ City/State _____

1st Communion Full Date ____/____/____ Church _____ City/State _____

Confirmation Full Date ____/____/____ Church _____ City/State _____

2019-2020 Tuition Information Form

Please Print with Black or Blue Ink

Date _____

Family Name _____

Is your family registered at St. Christopher Parish? Yes _____ No _____

If so, are you an active member of St. Christopher Parish? Yes _____ No _____

Date Registered _____

If not a member of St. Christopher Parish and are a member somewhere else, where are you a member? _____

We would like to pay 2019-2020 tuition:

_____ 12 Monthly Payments – Beginning June 1, 2019 and ending May 1, 2020

_____ 9 Monthly Payments – Beginning September 1, 2019 and ending May 1, 2020

_____ 1 Annual Payment – Due September 1, 2019

Note: Tuition needs to be paid in full by the end of the school year in order to receive the end of year report card, for records to be forwarded to next school, or to be able to register for the next school year.

Signature _____ Date _____

In-House Student Registration Checklist

Student Name _____ Registration Date _____

Do you have the following before handing in Registration ?

Returning Information Form _____

Registration Forms _____

Tuition Payment Form _____

Registration Fees _____

Updated Custody Papers
(if applicable) _____

For Office Use:

Enter registration date in Option C _____

Update/Verify Information _____

Add tuition in Option C _____

Enter in all classes _____