

St. Michael PSR 2011 - 2012 Tuition Form

FAMILY INFORMATION

Name _____ Spouse _____

First M.I. Last First M.I. Last

Address _____ City _____

Phone (h) ____-____-____ (w) ____-____-____ (c) ____-____-____

Email _____ Offering Envelope Number # _____

(By completing this form you are stating that you are active participating members at St. Michael Parish - a requisite for participating in the PSR program)

Child's Last Name	First Name	Birthday	Grade entering in Fall	Grade entering in PSR
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Tuesday Lewis Center 5:30 - 6:45 PM Grades 1-6 (families must live in Lewis Center)				

Sunday Morning PSR 9:45 - 11:15 AM Grades 1-8				

<u>Preschool Registration is now on a separate form</u>	
<input type="checkbox"/> Please do NOT list in the PSR directory	<input type="checkbox"/> Please do NOT take pictures of my child/children
Allergies or Medical Conditions	

For Office Use Only	Monthly Payment
Payment in full with Registration _____ Date Received _____	September \$ _____ Date Rec'd _____
First Semester Payment due September 14th, 2011	October \$ _____ Date Rec'd _____
Payment \$ _____ Date Received _____	November \$ _____ Date Rec'd _____
Second Semester Payment due January 14th, 2012	December \$ _____ Date Rec'd _____
Payment \$ _____ Date Received _____	January \$ _____ Date Rec'd _____
	February \$ _____ Date Rec'd _____
	March \$ _____ Date Rec'd _____
	April \$ _____ Date Rec'd _____