



A Ministry of St. Paul Catholic Church
 10,000 David Moore Drive, Austin, Texas 78748
 (512) 280-4460 Email: morningswithjesus@s-p-c-c.org

APPLICATION FOR ENROLLMENT

Child's Name _____ Date of Birth ___/___/_____

First Last

Male ___ Female ___ Allergies/Special Needs: _____

Child lives with: both parents ___ mother ___ father ___ other guardian _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ - _____ Email _____

Mother _____ Cell Phone _____

Employer _____ Work Phone _____

Father _____ Cell Phone _____

Employer _____ Work Phone _____

Or Legal Guardian _____ Phone # _____

Child's Physician _____

(Required information) Name Address Phone #

Child's Dentist: _____

Name Address Phone #

Emergency Contact: _____

(Must NOT be a parent) Name Address Phone #

- ❖ Are you a member of St. Paul Catholic Church? Yes ___ No ___
- ❖ Are you employed with St. Paul Catholic Church or MWJ? Yes ___ No ___

I agree to pay a **NON-REFUNDABLE** annual enrollment fee of \$55 for the **2008-09** school year.

I agree to pay the monthly tuition rates as follows:

		<u>St. Paul Parishioner Rate</u>	<u>Non-Parishioner Rate</u>
<u>Toddlers</u> (ages 18-24 mo.)	2 days per week M/W only	\$170	\$200
<u>All Other Classes</u> (ages 2-5)	2 days per week M/W or T/TH	\$145	\$175
<u>All Other Classes</u> (ages 2-5)	4 days per week M-Th	\$265	\$325

Signature of Parent or Guardian _____ Date _____

Date of Enrollment _____ Check # _____ Amount _____

Child's Age as of September 1, 2008 _____