

St. Michael PSR 2009 - 2010 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

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sunday AFTERNOON* PSR 11:45 AM - 1:15 PM Grades 1-8

* (Please note the time change for this year)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Preschool Registration is now on a separate form

_____ Please do NOT list in the PSR directory _____ 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 _____

October \$ _____ Date Rec'd _____

November \$ _____ Date Rec'd _____

December \$ _____ Date Rec'd _____

January \$ _____ Date Rec'd _____

February \$ _____ Date Rec'd _____

March \$ _____ Date Rec'd _____

April \$ _____ Date Rec'd _____

First Semester Payment due September 14th, 2009

Payment \$ _____ Date Received _____

Second Semester Payment due January 14th, 2010

Payment \$ _____ Date Received _____