

Re-Registration For Existing Families

Please Print

Family Name: _____

Address: _____

Telephone Number: _____

Our children will attend Christ Our Savior Catholic School in 2009-2010

_____ Yes _____ No

Campus Choice: _____ East Campus _____ West Campus

List your child/children beginning with the eldest who are **already attending** Christ Our Savior Catholic School and **will be returning**. You may also include the name and date of birth of a child who will attend the 3 year-old or 4 year-old Preschool or Kindergarten for the ***first time*** in September. **NOTE:** We will send you an official registration after we receive this form for your **new** student.

Child's Name

Date of Birth

Grade in September

The registration fee until **April 9, 2009** will be **\$100** for a family with **one** child, **\$150** for a family with **two** children, and **\$200** for a family with **three or more** children. **After** April 9, 2009 the registration fee will be **\$125 per child**. **The registration fee is non-refundable.**

Please return this form as soon as possible.