



Office Use Only
 Payment: Check ___ Cash ___
 Ent: ___ Dir ___

Last Name _____

Parents: _____

Address: _____ City _____ Zip Code _____

Phone: _____ email : _____

Child(ren) Names	Grade	Special Concerns (health, sacrament preparation, etc)

Book and Program Fees

Grade Level	Workbook Price	Quantity Needed	Subtotal	Total
Family Fee				75.00
Preschool/Kind	\$16			
1 st -6 th Grade	\$17			
7 th -8 th Grade	\$18			
			GRAND TOTAL	