



MISSION PARISH SCHOOL

31641 El Camino Real, San Juan Capistrano, CA 92675

Telephone (949) 234-1385

2010-2011 Intent to Register

FAMILY LAST NAME: _____

<u>GRADE</u>	<u>STUDENT</u>	<u>DATE OF BIRTH</u>
Pre-K (4 yrs old by 9/1/10) Mon.-Fri. 8:00-11:00 a.m. Mon.-Fri. 8:00a.m.-2:30p.m. Mon., Wed., Fri. 11:30-2:30 p.m.	_____	_____
Kindergarten – Full Day (5 yrs old by 9/1/10 with Chancy and Bruce approved testing)	_____	_____
1 st	_____	_____
2 nd	_____	_____
3 rd	_____	_____
4 th	_____	_____
5 th	_____	_____
6 th	_____	_____
7 th	_____	_____
8 th	_____	_____

_____ We will not be returning for the 2010-2011 school year.

Please attach your check (or money order) in the amount of \$250 which is your non-refundable registration fee for your first child. The registration fee for additional children will be \$200 per child. Final registration will be in early March after our budget process is completed. At that time, all other registration fees are due.

The interest list for our school continues to grow but our intent is to service our own families first. Please return this form with your check for **\$250** to the office no later than **January 29, 2010** in order to hold your child's space for next year.

I am REGISTERED at the following Parish: _____

If your child attended public school, please indicate the name of the school he/she would attend:
_____. *(For federal funding purposes)*

Parent/Guardian Signature

Phone Number

Address

Email