



PRESCHOOL REGISTRATION PACKET

2012-13 SCHOOL YEAR

CONFIDENTIAL

817 Juniper Street
218-829-2344
info@stfranciscatholicschool.org



Brainerd, MN 56401
Fax 218-828-4157
www.stfranciscatholicschool.org

For Office Use Only:
Date _____ Time _____

Paid _____
Chk# _____ cash _____



Thank you for supporting our Catholic School by entrusting us with the most precious of gifts, your child. St. Francis of the Lakes Catholic School works to provide many rich opportunities for each student to flourish in a Christ-centered atmosphere. Thank you for choosing St. Francis of the Lakes Catholic School for the 2012-13 school year.

Application for Admission to St. Francis School 2012-13

A non-refundable registration fee of 5% of tuition per child is due upon registration for preschool - 8th grade. This fee is applied directly to next year's tuition.

Applicant 1

Applicant's Name: _____
First Middle Last

Birthdate: ____/____/____

Baptism Date: ____/____/____ Church: _____

Parent's Name: _____
First Middle Last

Address: _____

Home Phone: _____ Cell/Work Phone: _____

Email address: _____

Class Session:	T/TH 8:15 to 11:15 am (must be 3 by 9/1), \$725/yr	<input type="checkbox"/>
	T/TH 12:00 to 3:00 pm (must be 3 by 9/1), \$725/yr	<input type="checkbox"/>
	MWF 8:00 to 3:00 pm (must be 3 by 9/1), \$2425/yr	<input type="checkbox"/>
	T/TH 8:00 to 3:00 pm (must be 3 by 9/1), \$1625/yr	<input type="checkbox"/>

Applicant 2

Applicant's Name: _____
First Middle Last

Birthdate: ____/____/____

Baptism Date: ____/____/____ Church: _____

Class Session:	T/TH 8:15 to 11:15 am (must be 3 by 9/1), \$725/yr	<input type="checkbox"/>
	T/TH 12:00 to 3:00 pm (must be 3 by 9/1), \$725/yr	<input type="checkbox"/>
	MWF 8:00 to 3:00 pm (must be 3 by 9/1), \$2425/yr	<input type="checkbox"/>
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