## **Application for Admission - Registration Form**

<b>St. Isidore School</b> 603 W. Broad Street Quakertown, PA 18951	Email: Admission	Phone: 215-536-6052 Fax: 215-536-8647 s@stisidoreschool.com
School Year		Date
Parent's Name(s)		
Address		
City	State	_Zip
Home Phone ()	Email	
Are you Catholic: <u>Yes</u> No If yes, what parish do you belong to:		
How did you hear about our school? WebsiteFriend/Neighbor Church BulletinPost Card Other:	Family MemberW Grizzly Cub Program	-
		Apply for Grade*
Student's Name(s)		

\*When applying for Pre-School, Pre Kindergarten or Kindergarten please indicate the **number of days** as well as **full time (full day) or part time (1/2 day)** and **which days of the week attending** 

Pre-S	School	Pre-Kin	dergarten	Kind	ergarten
5 FT	5 PT	5 FT	5 PT	5 FT	5 PT
4 FT	4 PT	4 FT	4 PT	N/A	N/A
3 FT	3 PT	3 FT	3 PT	N/A	N/A
2 FT	2 PT	2 FT	2 PT	N/A	N/A

Monday	Tuesday	Wed.	Thurs.	Friday

\*Check days of the week you wish your child to attend

Return completed form with the \$125.00 Non-Refundable Registration and Capital Infrastructure fee. The Capital Infrastructure fee is for special projects such as safety items and technology. Tuition may be paid in full by July  $31^{st}$  or monthly (July – April) through the SMART TUITION PROGRAM. There is an annual \$35.00 fee (to be billed later) when using the SMART PLAN. SMART forms must accompany this application *if* you are new to the program or need to make a change (to SMART) from the previous year. Indicate your tuition payment method below. Students who leave prior to the end of school year will have their tuition pro-rated and refunded accordingly

In full by July 31<sup>st</sup> \_\_\_\_\_ Monthly by the 10<sup>th</sup> of each month \_\_\_\_\_Monthly by the 20<sup>th</sup> of each month