



NOTRE DAME ACADEMY

NEW FAMILY REGISTRATION

FAMILY NAME _____

PARENT NAME, EMAIL, & CELL PHONE

PARENT NAME, EMAIL, & CELL PHONE

ADDRESS _____

STUDENT NAME	GRADE/PRE-K/PRE-SCHOOL	BIRTHDATE
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____ We are registered members in St. Augustine's Parish

____ We are registered members in Cathedral of St. Peter's Parish

____ We are registered members in St. Mary's Parish

____ We are registered members in _____ Parish

____ We are members of another faith.

Registration Fee per family:

Paid by February 25 **\$50.00**

Paid Febraury 26 – March 22 **\$80.00**

Paid after March 22 **\$100.00**

For office use:

Registration fee: Amount paid _____ payment method _____