



2010-2011 INTENT TO RE-REGISTER FORM (GRADES 1-8)

Our Lady of the Wayside

432 S. Mitchell Ave.

Arlington Heights, IL 60005

(847) 255-0050

Parents' Names

Dr. / Mr. / Mrs. / Ms. _____
(circle one) (Last Name) (First Name) (M.I.)

Dr. / Mr. / Mrs. / Ms. _____
(circle one) (Last Name) (First Name) (M.I.)

Address _____

City _____ State _____ Zip _____

Telephone () _____

Are you a registered parishioner of Our Lady of the Wayside? (Circle) YES NO

Please check the box if any of the information above is different from the information provided on your registration form last year.

Please enter the information for all returning students (Grade 1-8) below.

A separate form should be completed for all preschool and/or kindergarten registrations.

Please check the appropriate box(es) to indicate if you are also enrolling a child in kindergarten and/or preschool this school year.

Preschool

Kindergarten

STUDENT NAME

GRADE ENTERING

BIRTHDATE

REGISTRATION FEE*
(\$70.00 per child)

1. _____
2. _____
3. _____
4. _____

I agree to have my child (ren) photographed for print/media releases. YES NO

REGISTRATION FEE TOTAL \$ _____

*THERE IS A \$70.00 PER STUDENT REGISTRATION FEE WHICH MUST ACCOMPANY THIS FORM. YOUR REGISTRATION FEE WILL ONLY BE REFUNDED IN THE EVENT THAT YOU MOVE OUT OF TOWN.

Tuition Payment Plan Options:

Annual Plan: This is a one time payment due in July.

Semi-Annual Plan: This plan has 2 payments. The first payment is due in July.

Quarterly: This plan has 4 payments starting in July.

Monthly Plan: This plan has 11 payments starting in July.

NOTE: THIS COMPLETED FORM, ALONG WITH YOUR REGISTRATION FEE PAYMENT, COMPLETES STEP #1 OF YOUR REGISTRATION. YOU WILL BE CONTACTED AT A LATER DATE TO ESTABLISH YOUR PAYMENT SCHEDULE.

For Office Use Only

Date Received _____ Initials _____ Amount \$ _____ Check # _____