

ST. PAUL SCHOOL

2916 McKee Road Merced, California 95340 209.383.3302

2019 Summer Program

What grade is your child in currently?

____ Kindergarten ____ 1st grade ____ 2nd grade ____ 3rd grade ____ 4th grade ____ 5th grade

☐ **5 HALF DAYS**

☐ **5 FULL DAYS**

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Name(s) Student Goes By: _____ Telephone Number: _____

Address (where student lives): _____ City: _____ Zip: _____

Ethnicity: _____ Allergies: _____

PARENT/GUARDIAN INFORMATION

FATHER

Name: _____

Occupation/Employer: _____

Business Telephone: _____

Cell Phone: _____

Email: _____

Address if different from students: _____

Step Parent: _____

MOTHER

Name: _____

Occupation/Employer: _____

Business Telephone: _____

Cell Phone: _____

Email: _____

Address if different from students: _____

Step Parent: _____

Registration is on a first come, first serve basis. St. Paul School reserves the right to decline a student's registration should it deem appropriate.

I UNDERSTAND THAT ALL REGISTRATION FEES ARE NON-REFUNDABLE

PARENT'S SIGNATURE

DATE