



Ss. Constantine & Helen School
Student Information Form

Student's Full Name:

Last

First

Middle

Date Application Received: _____ Registration Fee Received: _____

Method of Payment: _____ Credit Card _____ Check Number

Forms: _____ Application

_____ Health Inventory Form

_____ Immunization Certificate

_____ Emergency Form

_____ Allergy Form

_____ Release Form

_____ 1st Testing _____ 2nd Testing _____ 3rd Testing

Program Selected: _____ Half-Day _____ Full-Day _____ Days of Week attending

Discount Applicable: [] yes [] no Discount % _____ (maximum 10% per family)

Payment Schedule: [] yearly Amount \$ _____

[] Monthly Amount \$ _____ (automatically deducted each mont)

Before Care: [] yes [] no Paid monthly by check \$ _____

After Care: [] yes [] no Paid monthly by check \$ _____

Total Tuition Due: \$ _____