



Holy Rosary School
161 9th Street
Idaho Falls, Idaho 83404
(208) 522-7781

Office use only
Family Name: _____
Date/Time Returned: _____
Total: _____ Cash/Check/Credit Card

INTENT TO RETURN

January 9, 2018

What: Intent to return form and registration payment

When: Due by **Wednesday, January 31, 2018**

Why: To ensure classroom placement of your child(ren) for the 2018-2019 school year

The **non-refundable** pre-registration fee (\$100.00 per child for the first 2 children - 3 or more children only pay an additional \$25.00 per child) is **due with this form**. If you pre-register your child(ren) before January 31st, you will save \$25.00 per child on the pre-registration fee.

___ **YES**, I want my child(ren) to return to Holy Rosary for the 2018-2019 school year.

Please list child(ren)'s name and grade for the coming year, and Pre-K and Preschool morning or afternoon preferences.

Include siblings who will be new to school next year. (New siblings will be added to the class list on January 11th at 8AM, if there is room.)

Child's Full Name	Grade in Fall 2018	AM/PM Preference*

(* AM/PM preference is not guaranteed.)

___ **NO**, my child(ren) will not return to Holy Rosary School for the 2018-2019 school year. Please offer a reason why.
