



# St. Michael's Christian Academy

Lifelong Learning Starts Here

107 W. Marquita, San Clemente, California 92672  
(949) 366-9468 Fax: (949)492-7238

[www.gotosmca.org](http://www.gotosmca.org)

## New Student Registration Form

Parent/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please list your children who will be enrolling in the 2011/2012 school year.**

\_\_\_\_\_  
Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Registration Fee: \$325 x \_\_\_\_\_ = \$ \_\_\_\_\_  
(Non-Refundable) # of children

Book Fee / Facility Fee: \$400 x \_\_\_\_\_ = \$ \_\_\_\_\_  
(students K – 8) # of children

I authorize SMCA to use this credit card for registration/book fees of \$ \_\_\_\_\_

Name: \_\_\_\_\_ Credit card # \_\_\_\_\_

Billing address: \_\_\_\_\_

Exp: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

I have attached a check # \_\_\_\_\_ for registration/book fees of \$ \_\_\_\_\_

**Additional paperwork and an interview are needed to complete your child's enrollment.**