



Application Form 2021-2022

St. Maximilian Kolbe Parish School CARES Program

Name

Grade

_____	_____
_____	_____
_____	_____

Address

Street

City

Zip

Phone

Parent/Guardian Name

Home Address

Telephone _____

Cell Phone _____

Business Address

Business Phone

Additional Cell Phone

Attached is my non-refundable registration fee of \$ 25.00 (Per Family) payable to:
St. Maximilian Kolbe Church

Parent/Guardian Signature _____