

*St. Vincent Step-Up Enrichment Program*  
**Class and Fee Worksheet**

Please complete the following and total the cost of the courses you have select for your child(ren). Please refer to the registration information for each course on the online registration page to complete below.

Please remit this Worksheet along with the Release of Liability and the On-File Information Form.

**Name of Student:** \_\_\_\_\_ **Grade** \_\_\_\_\_

Course ID#	Time	Title	Cost
	2:00- 3:00		
	3:00-4:00		
	4:00-5:00		

**Name of Student:** \_\_\_\_\_ **Grade** \_\_\_\_\_

Course ID#	Time	Title	Cost
	2:00- 3:00		
	3:00-4:00		
	4:00-5:00		

**Name of Student:** \_\_\_\_\_ **Grade** \_\_\_\_\_

Course ID#	Time	Title	Cost
	2:00- 3:00		
	3:00-4:00		
	4:00-5:00		

**Name of Student:** \_\_\_\_\_ **Grade** \_\_\_\_\_

Course ID#	Time	Title	Cost
	2:00- 3:00		
	3:00-4:00		
	4:00-5:00		

Total Cost for Courses	\$
Family Registration Fee	\$ 30
<b>Total</b>	<b>\$</b>

Make Check payable: **Saint Vincent College**

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_