

*Saint Vincent College STEP-UP Enrichment Program*

**On-File Information Form**

(Please print this form and email or send the completed copy with your payment.)

Name(s) of student(s), Grade(s), Birthdate(s)	<u>Student name</u>	<u>Birthdate</u>	<u>Approx. Grade</u>
	1. 2. 3. 4. 5. 6. 7.		
Parent/Guardian Name			
Contact Information	Complete Mailing Address (include PO Box, Street Address, City, State, Zip Code):  Cell Phone:  Home Phone:  Email:		
Health concerns/ restrictions, allergies, special needs that would affect student performance:			