

ST. JOSEPH CATHOLIC SCHOOL

REGISTRATION FORM 2017-2018

Parent/Guardian (*as you wish your name to appear on official communication*) _____

Telephone(home) _____

Please print:

M/M Dr. Mr. Mrs. Miss Ms. _____
(check one) Last Name Parent(s) First Name(s) Mother/guardian(*work phone*) _____
(cell phone) _____

Mailing Address _____
 Street City/Town Zip Father/guardian (*work phone*) _____
(cell phone) _____

I/We are registered members of _____ Parish/Church. E-Mail address _____

Public school district of residence _____

Student's Last Name	First Name	M/F	Date of Birth	Present School/Grade	Grade in Sept. 2017

Pre-school Options; PreK 3: Tues. & Thurs. AM ____ PM ____ Present grade 6 student: _____
 Mon. & Wed. AM ____ PM ____ School attending for grade 7: _____
 3 day option: M,W,F AM ____ PM ____ (PM sessions: pending enrollment of 8 or more to have PK3 sessions)

PreK 4: 3 day option : M,W,F AM ____
 5 day option : M-F AM ____

PreK 4: Full Day M-F ____ (8:20am – 1:20pm)
 Full Day M,W,F ____ (8:20am – 1:20pm)

New York State Public Health Law requires that all students have satisfactory proof of immunizations. Documentation must be provided before the first day of school.

SCHOOL VERIFICATION (for office use only)

Registration Fee paid: Amount \$ _____ Date _____ Cash Receipt # _____ Check # _____ Student start date _____

Signature _____ Date _____

Finance Information for the 2017-2018 School Year

All information must be completed by the financially responsible person (parent/guardian)

Scheduled Tuition amount K-6 \$ _____ Pre-K \$ _____
(Amounts subject to validation by the finance office.)

A **non-refundable** family registration fee of \$150.00 must be submitted with this form. Payments for this fee can be made with cash, check, or by money order.

PAYMENT OPTIONS

All tuition payments will be processed by Facts Tuition Management. ALL families are required to set up an account with them. A separate letter has instructions on how to set up an account. Families with existing accounts will not need to re-enroll, just update the payment option and payment method. Current families adding a new student(s) need to add them to their account.

- ANNUAL PAYMENT:** Due August 5th
- SEMI-ANNUAL PAYMENTS:** Due August 5th and January 5th
- TEN MONTHLY PAYMENTS:** Due Monthly: August through May on the 5th or the 20th of each month

UNDERSTANDING

(check mark each of the terms below that you agree to)

- I have been provided with a copy of the St. Joseph School (TUITION COLLECTION POLICIES AND PROCEDURES.) I have read this statement and understand its contents. In particular, I realize school policy states that if my tuition payments are two months in arrears, I may be asked to withdraw my child(ren) from school.
- I agree to pay a \$25 late fee assessed after the due date.
- I understand that delinquent accounts are referred to a collection agency when all other attempts to obtain payment have failed. In this event, I agree to pay all costs related to the collection and/or legal process.
- If this is a re-registration,** I understand that final validation for registration and grade placement for the next school year are dependent upon completion of all financial responsibilities for the current school year.

Parent/Legal Guardian (ultimately financially responsible) **Name** (this constitutes your signature): _____

Person, other than parent/guardian, providing tuition payments:

Name (this constitutes a signature) _____

Address _____

Home Phone: _____ **Cell Phone:** _____