



# 2019 – 2020 Registration Form

\$100 per family non-refundable registration fee on or before February 28<sup>th</sup>, 2019

After February 28<sup>th</sup>, 2019 the registration fee will go up to \$150

**For Office Use Only:**

Date Rec'd \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Check /Money Order # \_\_\_\_\_

Parish Commitment Rec'd \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PreK Only:**

Total Days: Full      Half

**Parent/Guardian 1:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Home Ph. \_\_\_\_\_

Email \_\_\_\_\_

Public School District \_\_\_\_\_ Religion \_\_\_\_\_

**Parent/Guardian 2:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street Address *(if different)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Home Ph. \_\_\_\_\_

Email \_\_\_\_\_

We are registered members of (Parish/Church) \_\_\_\_\_

Race: A- Asian, AF - African American, C-Caucasian, H-Hispanic, AI - American Indian, PI-Pacific Islander, T-Two or more races, O – Other

**Note:** Race and religion information is collected for state reporting, only, and holds no bearing on your child being admitted into the school.

Kindergarten – Grade 5 Registration						
Student's Last Name	Student's First Name	M/F	Race	Date of Birth	Grade in Sept. 2019	Previous School Attended
				/ /		
				/ /		
				/ /		

Preschool Three & Four Year Old Program Registration						(Circle days student will attend)	
Student's Last Name	Student's First Name	M/F	Race	Date of Birth	Grade in Sept. 2019	Half Day - AM	Full Day
				/ /		M/T/W/Th/F	M/T/W/Th/F
				/ /		M/T/W/Th/F	M/T/W/Th/F

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_ Office \_\_\_\_\_

- A **non-refundable \$100** Family School Registration Fee must be submitted with this form on/before February 28<sup>th</sup>, 2019. After February 28<sup>th</sup>, 2019 the fee becomes **\$150**. Cash, check, or money order only.
- Make registration checks payable to ***Saint Kateri School***.
- A **non-refundable \$75** Family Extended Care Registration Fee (if applicable) must be submitted with this form. Cash, check, or money order only. Registration fee **paid in full by June 30<sup>th</sup>** qualify for the **\$50 "early bird" Extended Care registration rate.**
- A **\$35** fee will be assessed for returned checks.
- All families who enroll students in Saint Kateri School will be required to set up/maintain an account with FACTS.
- Upon **submission** of registration, a letter will be issued with a link to FACTS and you will then be prompted to select a preferred payment option as outlined below, if required.

<b><u>Payment Plan Options Available:</u></b>	
<b>1. Annual Payment:</b>	* Due August 1, 2019 * No annual fee charged
<b>2. Semi-Annual Payments:</b>	* Due August 1, 2019 & January 1, 2020 * No annual fee charged
<b>3. Ten Monthly <u>EFT</u> Payments:</b>	* Processed each month, August – May * 1 <sup>st</sup> of the month * Annual fee of \$50/family charged by FACTS Management Co. * The annual fee will be charge to your account 10 days after the school finalizes your registration

**Understanding and Agreement**

1. I have been provided a copy of the Saint Kateri School "FACTS" tuition program 2019-2020.
2. A **\$35 late fee** will be assessed on late payments and electronic funds transfers that are declined or checks returned by your financial institution per occurrence.
3. 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.
4. If this is a re-registration, I understand that final validation for registration and grade placement for the next school year is dependent upon completion of all financial responsibilities for the current school year.
5. I understand I will register with FACTS Management Co. prior to my child(ren) being accepted at Saint Kateri School.
6. Account information may be shared with the following person/people:

\_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Financially Responsible Person \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to Student (Parent/Legal guardian) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip

Telephone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_