



# SAINTS PETER AND PAUL CATHOLIC SCHOOL

## Registration Form 2018 - 2019

*Parent/Guardian: Please fill in all required data (IN BLUE OR BLACK INK) as neatly as possible and return to the school office. Forms will be returned if not filled out in their entirety. Please read carefully.*

STUDENT'S NAME \_\_\_\_\_ (M / F) GRADE \_\_\_\_\_  
LAST FIRST MIDDLE CIRCLE ONE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
(STREET)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT'S SOCIAL SECURITY # \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PLACE \_\_\_\_\_  
MONTH DAY YEAR CITY STATE

BAPTISM \_\_\_\_\_ CHURCH \_\_\_\_\_  
MONTH DAY YEAR CITY STATE

FIRST COMMUNION \_\_\_\_\_ CHURCH \_\_\_\_\_  
MONTH DAY YEAR CITY STATE

SCHOOL PREVIOUSLY ATTENDED (if any) \_\_\_\_\_ GRADE \_\_\_\_\_

Previous School Address City, State, Zip Phone Number

Guardian/Person Child Lives With Relationship Language Spoken in Home

### Medical Information/Procedure for Medical Emergency

DOCTOR TO BE CALLED IN THE EVENT OF AN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_ LIFE THREATENING? \_\_\_\_\_

ASTHMA? \_\_\_\_\_ INHALER USED? \_\_\_\_\_ MEDICATION? \_\_\_\_\_

OTHER MEDICAL CONDITIONS? \_\_\_\_\_ Office may administer OTC medications: \_\_\_ Yes \_\_\_ No

List Names and Telephone Numbers of two friends or relatives who could be contacted to care for your child in case of sickness or an emergency if you cannot be reached. (Names listed may be asked to provide picture I.D.)

Name of Friend or Relative: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of illness or accident, I understand that I will be notified if at all possible. In case of emergency and cannot be reached, Sts. Peter and Paul School has my permission to take the above mentioned student to the Emergency Room at Jennie Stuart Medical Center after the above mentioned doctor has been notified. Your digital signature will serve as your official signature. Please check the box if you wish to provide a non-digital signature.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

More on reverse...

**PARENT INFORMATION**

**FATHER** \_\_\_\_\_ **RELIGION** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

If different

than student: **ADDRESS** \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

**EMPLOYER** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

**MILITARY RANK** \_\_\_\_\_ **COMMANDING OFFICER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Deceased \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ **RELIGION** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

**EMPLOYER** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

**MILITARY RANK** \_\_\_\_\_ **COMMANDING OFFICER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Deceased \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

I hereby approve and attest that all information is true and correct. All information will be updated when needed.  
By signing below, I agree that all registration fees are non-refundable and due at the time of registration.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Guardian*

*FOR OFFICE USE ONLY*

Registration Fee      Date Paid      Check/Cash      Entry Date      Withdrawal Date



# STS. PETER & PAUL CATHOLIC SCHOOL

## 2018-2019 FINANCIAL AGREEMENT

Contract for the \_\_\_\_\_ Family Address: \_\_\_\_\_  
 Student(s) Full Name \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 1 \_\_\_\_\_ City & State: \_\_\_\_\_  
 2 \_\_\_\_\_ Zip: \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

### I (We) select the following plan (check one) for payment of tuition:

- One payment of \$ \_\_\_\_\_ due on or before August 31, 2018.
- Two (02) payments each of \$ \_\_\_\_\_ due on or before August 31, 2018 and January 31, 2019.
- Monthly EFT payments taken out automatically on the 5th or 20th of each month for TWELVE months.

If selecting Monthly EFT payments, please complete the AUTHORIZATION AGREEMENT for pre-authorized payments and provide a Voided Check on **reverse side**.

### Parent/Guardian Fiscal Responsibilities

#### Tuition Responsibility/Early Withdrawal

If a student withdraws from SPPS to attend another school within the district, tuition and fees will be forfeited. If the parent is paying tuition each month, he/she is responsible for paying the remainder within the semester the student withdraws. If a student enrolled at SPPS withdraws from school due to moving/transfer out of this school district, no tuition or fees will be refunded; however, the parent will not be responsible for paying the remainder of the semester's tuition. Tuition reimbursement for early withdrawal may be considered in cases of extreme medical or personal hardship.

Any acceptations or modifications to this financial agreement shall not affect the provisions of or enforceability of this contract.

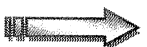
#### Delinquent Accounts

- A. Unless the school office is notified and approves specific situations, accounts paid after the due date will be assessed a \$25 late fee. Accounts over 30 days past due will be considered delinquent.
- B. Families with delinquent accounts will be called for a conference with the Education Council. Failure to meet financial obligations by the due date may require that the student withdraw until a satisfactory financial agreement can be made.
- C. Financial obligations from the previous semester or school year must be met before the student may begin the new semester or school year. Any exception to this policy will be made on a case by case basis only, in recognition of particular circumstances and for a probationary period lasting no more than one semester.
- D. No final evaluation (report card), results of achievement tests, transcript or diploma will be released until all financial obligations have been met.
- E. All return checks or non-sufficient funds will be assessed a \$25 penalty plus any applicable late/bank fees.
- F. After 30 days and no arrangement for payment has been arranged, a collection agency or small claims court will be contacted.

I (We) have read and understand the financial policies and penalties spelled out on the form. I (we) do agree to pay all the fees, and tuition, and any incurred penalties according to the terms and policies. I (we) have selected from the tuition schedule set forth in this contract. Your digital signature will serve as your official signature.

Father/Guardian Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Sts. Peter and Paul Catholic School

I (We) hereby authorize Sts. Peter and Paul Catholic Church hereinafter called SAINTS, to initiate debit entries to my (our) Account indicated below at the named below, hereinafter called DEPOSITORY, to debit the same to such account.

Use for new account or if account information has changed.

DEPOSITORY NAME: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Check if using previous account

Checking Account

Savings Account

This authorization is to remain in full force and effect until SAINTS has received written notification from me (or either of us) of its termination in such time and in such manners as to afford SAINTS and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

FAMILY NAME: \_\_\_\_\_

I (We) authorize TWELVE (12) monthly debit payments of \$ \_\_\_\_\_ from our checking account beginning July 5, 2018 and ending June 5, 2019.

I (We) authorize TWELVE (12) monthly debit payments of \$ \_\_\_\_\_ from our checking account beginning July 20, 2018 and ending June 20, 2019.

I (We) authorize TWENTY FOUR (24) bimonthly, payments of \$ \_\_\_\_\_ from my (our) checking account beginning July 5 and 20, 2018 and ending June 5 and 20, 2019.



Family Name: \_\_\_\_\_

### SPPS Transportation Authorization

I, \_\_\_\_\_, authorize the following people to pick up my child(ren) from Sts. Peter & Paul School:

	<i>Name</i>	<i>Relationship to Student</i>	<i>Phone Number</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

*No child will be released to anyone other than the names listed above. If anyone other than those listed above is to pick up your child(ren), a note must be sent from the parent/guardian with his/her signature. Those picking up student may be asked for Photo I/D.*

### Medical Information/Procedure for Medical Emergency

Please list below the names and telephone numbers of two friends or relatives who could be contacted to care for your child(ren) in case of sickness or an emergency if you cannot be reached.

<i>Name</i>	<i>Phone Number</i>
_____	_____
_____	_____

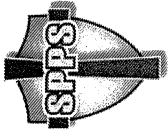
Family Doctors's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Name/Grade	Child's Name/Grade	Child's Name/Grade
_____	_____	_____
Office may administer OTC meds?    ___Y ___N	Office may administer OTC meds?    ___Y ___N	Office may administer OTC meds?    ___Y ___N
Allergies?    ___Y ___N	Allergies?    ___Y ___N	Allergies?    ___Y ___N
Please List: _____	Please List: _____	Please List: _____
Life Threatening?    ___Y ___N	Life Threatening?    ___Y ___N	Life Threatening?    ___Y ___N
Asthma?    ___Y ___N	Asthma?    ___Y ___N	Asthma?    ___Y ___N
Inhaler Used?    ___Y ___N	Inhaler Used?    ___Y ___N	Inhaler Used?    ___Y ___N
Other Medical Conditions? _____	Other Medical Conditions? _____	Other Medical Conditions? _____
Doctor's Name & Number <i>(if different than above)</i>	Doctor's Name & Number <i>(if different than above)</i>	Doctor's Name & Number <i>(if different than above)</i>
_____	_____	_____

In the event of any illness or accident, I understand that I will be notified if at all possible.

In case of a medical emergency and I cannot be reached, Saints Peter and Paul School has my permission to take my child(ren) to the Emergency Room at Jennie Stuart Medical Center after my family doctor has been contacted.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Sts. Peter & Paul Catholic School

## 2018-2019 SPPS Tuition

	Yearly	Monthly	Registration (**Changes according to date paid—see below)	Technology	Scrip	Athl./Act.
1 child	\$4980	\$415	\$300	\$275/family	\$200 (profit/family)	\$50 per activity
2 children	\$7968	\$664	\$600	\$275/family	\$200 (profit/family)	\$50 per activity
3 children	\$10,596	\$883	\$900	\$275/family	\$200 (profit/family)	\$50 per activity
4 children	\$12,720	\$1060	\$1200	\$275/family	\$200 (profit/family)	\$50 per activity
Pre-K (full day)	\$4500	\$375	\$250	\$275/family	None (only child)	
Pre-K (½ day)	\$3240	\$270	\$250	\$175/family (only child)	None (only child)	

### \*\*Registration News

Pay registration fee by April 30, 2017	\$250 per child	\$200 (Pre-K)
Pay registration fee after April, 30 2018	\$300 per child	\$250 (Pre-K)

**\*\*\*Referral Discount:** A family who pays full tuition will receive a 10% discount toward tuition (for 1 child) for referring another family to SPPS (Maximum \$450 discount). For families on tuition assistance, the scrip fee of \$200 will be waived. The discount will be received after the referred family has been at SPPS for one school year.



# School Facts

- Fully Accredited through the state of Kentucky
- Preschool-8th Grade
- Participates in the National School Lunch Program
- Advanced curriculum
- Small class sizes, Individualized instruction
- Everyday begins and ends with prayer
- Dedicated science lab
- Safe, disciplined environment
- Extra-curricular activities—Cross Country, Basketball, Cheerleading, Drama, Private Voice and Instrument Lessons, KYA, KUNA, Student Council, Beta Club
- Students of all faiths are welcomed. 40% of our students are not Catholic.
- School day begins at 7:40 and ends at 2:35.
- Extended Care (additional fee) offered from 2:35-5:30