



SAINTS PETER AND PAUL CATHOLIC SCHOOL

RETURNING STUDENT REGISTRATION FORM

2018-19



It's time to start planning for the upcoming school year!

We love having your child(ren) as students at Sts. Peter & Paul Catholic School and hope you choose to return for the 2018-19 school year. Please see below for information about registering:

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

The **Early Bird Special** may not be taken unless a completed Returning Student Registration form and Financial Agreement form are submitted at the same time as payment. We must have a Financial Agreement from **every registered family**. If you are applying for tuition assistance, a Financial Agreement must be completed, and payment information will be added later when tuition is determined.

Yes! My child or children will be returning to SPPS for the 2018-19 school year.

Child's Name	2018-19 Grade

No, my child or children will not be returning to SPPS next year.

Name of new school: _____

I have another child I would like to enroll in SPPS for the 2018-19 school year.
(Registration form must be completed for new students.)

Name: _____ 2018-19 Grade _____

Family Information:

Primary Address: _____
(Street address, State, Zip)

Father's Information

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 Email Address: _____

Mother's Information

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 Email Address: _____

Signature of Parent *Date*
By signing above, I agree that Registration Fees are non-refundable and are due at time of registration.

FOR OFFICE USE ONLY:

Amount Paid
Date
Cash,/Check/CC



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.

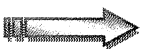
Delinquent Accounts

- 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 ID.

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? <input type="checkbox"/> Y <input type="checkbox"/> N	Office may administer OTC meds? <input type="checkbox"/> Y <input type="checkbox"/> N	Office may administer OTC meds? <input type="checkbox"/> Y <input type="checkbox"/> N
Allergies? <input type="checkbox"/> Y <input type="checkbox"/> N	Allergies? <input type="checkbox"/> Y <input type="checkbox"/> N	Allergies? <input type="checkbox"/> Y <input type="checkbox"/> N
Please List: _____	Please List: _____	Please List: _____
Life Threatening? <input type="checkbox"/> Y <input type="checkbox"/> N	Life Threatening? <input type="checkbox"/> Y <input type="checkbox"/> N	Life Threatening? <input type="checkbox"/> Y <input type="checkbox"/> N
Asthma? <input type="checkbox"/> Y <input type="checkbox"/> N	Asthma? <input type="checkbox"/> Y <input type="checkbox"/> N	Asthma? <input type="checkbox"/> Y <input type="checkbox"/> N
Inhaler Used? <input type="checkbox"/> Y <input type="checkbox"/> N	Inhaler Used? <input type="checkbox"/> Y <input type="checkbox"/> N	Inhaler Used? <input type="checkbox"/> Y <input type="checkbox"/> 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: _____