



SAINTS PETER AND PAUL CATHOLIC SCHOOL RETURNING STUDENT REGISTRATION FORM 2019-2020



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 2019-2020 school year. Please see below for information about registering:

Pay registration by April 30, 2019	\$250 per child	\$200 (Pre-K)
Pay registration after April 30, 2019	\$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 2019-2020 school year.

Child's Name

2019-2020 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 2019-2020 school year.

(Registration form must be completed for new students.)

Name: _____ **2019-2020 Grade** _____

Family Information:

Primary Address: _____

(Street address, State, Zip)

Father's Information

Mother's Information

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

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:

<i>Amount Paid</i>	<i>Date</i>	<i>Cash/Check/CC</i>



STS. PETER & PAUL CATHOLIC SCHOOL

2019-2020 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, 2019.
- Two (02) payments each of \$_____ due on or before August 31, 2019 and January 31, 2020.
- 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 (We must have a Voided check even 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, 2019 and ending June 5, 2020.

I (We) authorize TWELVE (12) monthly debit payments of \$ _____ from our checking account beginning July 20, 2019 and ending June 20, 2020.

I (We) authorize TWENTY FOUR (24) bimonthly, payments of \$ _____ from my (our) checking account beginning July 5 and 20, 2019 and ending June 5 and 20, 2020.



2019-2020 Transportation-Medical Form

Family Name: _____

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Mother's Primary Contact Number: _____

Father's Primary Contact Number: _____

If we are unable to reach you at the numbers listed above, please list below the names and telephone numbers of two relatives or friends who could be contacted to care for your child(ren) in case of sickness or an emergency.

_____	_____
_____	_____

Family Doctor's Name _____ **Phone Number** _____

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? _____
_____	_____	_____

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