

ST. AUGUSTINE SCHOOL PRESCHOOL
2019 – 2020
REGISTRATION FORM AND TUITION CONTRACT

This agreement (“Agreement”) dated _____ is made and entered into between St. Augustine School (“School”) and _____, who is/are the (check one):

- Parent(s)
- Legal Guardian(s)
- Other (explain) _____

of the following Students:

STUDENT’S NAME	GRADE	DATE OF BIRTH	Catholic
			Yes / No
			Yes / No
			Yes / No
			Yes / No

(List all students by name and grade)

How did you hear about us? _____

Payment of Tuition:

1. The undersigned agrees to pay tuition and applicable fees for the entire School Year (July through May) in the amount of _____ (“Tuition”). Parents shall select a payment plan for Tuition from among the options set forth in Appendix 1 (“Payment Plan”). All Tuition payments shall be made in accordance with the Payment Plan.
2. If a Tuition payment is forty-five (45) days overdue, the School may impose any or all of the following sanctions, at the School’s sole discretion, unless special payment arrangements have been made in a writing signed by the School’s principal or administrator. Sanctioned actions include:
 - a. Assessing late fees
 - b. Withholding Academic Records
 - c. Disallowing Student’s participation in sports or other school activities
 - d. Withdrawing Student from class participation
 - e. Withdrawing Student from school
 - f. Using a collection agency
 - g. Filing a claim in court
3. A Family with an unpaid balance for the current School Year may not register for the following School Year until the Tuition for the current School Year is paid in full, unless special payment arrangements have been made in a writing signed by School’s principal or administrator. School records, diplomas or transcripts will not be released until all Tuition and other charges have been paid in full.

Refunds:

4. If the Student is withdrawn, for any reason other than request by School or mutual agreement, during the School Year, remaining Tuition through the end of the year must be paid in full **unless** the School principal or administrator agrees in writing to refund a portion of the remaining Tuition. Otherwise, there will be no refund, credit or reduction for withdrawal, absences, vacations, snow days, illnesses, holidays or moving.
5. If a Student is asked to leave or withdraw from the School, the undersigned is responsible for the prorated annual Tuition through the end of the month in which the Student withdraws.
6. Prepaid Tuition, less registration fee, will be refunded in full only if cancellation is made, in writing to the School, within 1 day prior to the first day classes are scheduled to start.

General Terms and Conditions:

2019-2020 TUITION

• **Traditional Option: Mornings Only**

4 year olds: M/W/F	8:30AM – 11:30AM	\$1,350.00
3 year olds: T/TH	9:00AM – 11:00AM	\$ 850.00

• **All Day Option**

4 year olds: M/W/F	8:30AM – 2:30PM	\$2,700.00
3 year olds: T/TH	9:00AM – 2:30PM	\$1,700.00

• **Full Week Option for 3's and 4's: Mornings Only**

M/W/F	8:30AM – 11:30AM	\$2,150.00
<u>And</u> T/TH	9:00AM – 11:00AM	

• **Full Week Option for 3's and 4's: All Day Option**

M/W/F	8:30AM – 2:30PM	\$4,300.00
<u>And</u> T/TH	9:00AM – 2:30PM	

- **Latchkey Child Care Available - (*This is a separate program from preschool*)**
Please contact office for more information.

FEES PER STUDENT

Registration - **NON-REFUNDABLE** \$ 100.00 (\$60.00 if register by March 22nd 2019)

FEES PER FAMILY

January Mid-Day (6) Raffle Tickets \$ 60.00

7. Prior to completing the registration process, payment of a non-refundable registration fee in the amount of \$100 per student is required. The Registration Fee is non-refundable for any reason, including but not limited to, a denial of Student application.
8. The term and conditions of the School's enrollment and other policy information which may be provided to the Student are hereby incorporated into this Agreement by reference.
9. It is further understood, that the Student and Student's parents/guardians, will abide by the policies and guidelines as documented in the School handbook.
10. Returned checks: All returned checks will incur a fee of \$25. If two checks are returned for insufficient funds, School will no longer accept personal checks and you will be required to pay in cash, with a certified check from a local bank, or through FACTS.
11. I/We understand that a place will be reserved for our Student(s) only if this form and the Registration Fees are submitted with this Agreement. I/We understand that acceptance or enrollment depends on Student's successful completion of the current School Year and on full payment of all Tuition and fees for the current and/or prior School Years.
12. I/We understand that School reserves the right to deny enrollment and/or expel a Student whom it determines is unsuitable for enrollment.
13. FACTS: I/We understand that if tuition and fees are not paid in full prior to the first day of school a payment plan must be in place through FACTS.

I/We, the undersigned, have read and understand the Terms and Conditions of this Agreement, for the enrollment of Student for the 2019-20 School Year. I/We agree to abide by said Terms and Conditions and agree to fulfill the total financial obligation for payment of Tuition as set forth herein.

In registering my child (ren) in St. Augustine School, I/We agree to support and adhere to all policies, procedures, and functions of the school and become actively involved in the life of the school and parish by volunteering time and talent to school activities.

If you choose to pay your tuition in full without FACTS, Registration fee for each student must be included with this form, and full payment must be paid to the school office before the first day of school.

CONSIDERATION FOR ADMISSION AND SESSION PREFERENCE

1. Child **MUST** be potty trained.
2. Child has siblings in grade school program (K-8).
3. Child is already in preschool program.

This dynamic relationship will help guarantee the integrity and well being of our parish community and maintain our foundation roots as together we provide vision for the future. Membership will be evaluated based on one's ongoing activity and commitment to St. Augustine parish during the previous calendar year.

If you have any questions, or need help, please contact the school at 586-727-9365.

TUITION CONTRACT 2019– 2020

Appendix 1

PAYMENT PLAN ALTERNATIVES

The School offers the following Payment Plans. Please choose one:

OPTION 1 – SINGLE PAYMENT PLAN (A). The entire amount is due before the first day of school. A 3% reduction in Tuition only, (fees not included), is offered to any Student paying in full by the due date, which discounted amount shall be \$_____. The discount will be forfeited if Tuition is not paid in full by the date set forth herein. **IF YOU CHOOSE THIS OPTION, YOU MUST INCLUDE THE REGISTRATION FEE WITH THIS FORM.**

OPTION 2 – SINGLE PAYMENT PLAN (B) via AUTOMATIC WITHDRAWAL. The entire amount is due on or before October 15, 2019, through FACTS. A 3% reduction in Tuition only, (fees not included), is offered to any Student paying in full by the due date, which discounted amount shall be \$_____. The discount will be forfeited if Tuition is not paid in full by the date set forth herein. Automatic withdrawal is made from a checking or savings account on the due date. PLEASE READ THE FACTS POLICY INFORMATION CAREFULLY FOR POSSIBLE ADDITIONAL FEES.

OPTION 3 – TWO PAYMENT PLAN via AUTOMATIC WITHDRAWAL. Tuition is paid in two installments through FACTS. The first installment is due on or before October 15, 2019 and the second installment is due on or before February 17, 2020. A 1.5% reduction in Tuition only, (fees not included), is offered to any Student paying in full by the due date, which discounted amount shall be \$_____. The discount will be forfeited if Tuition is not paid in full by the date set forth herein. Automatic withdrawal is made from a checking or savings account on the due dates. PLEASE READ THE FACTS POLICY INFORMATION CAREFULLY FOR POSSIBLE ADDITIONAL FEES.

OPTION 4 – MONTHLY PAYMENT PLAN via AUTOMATIC WITHDRAWAL. Tuition will be paid through the FACTS monthly payment plan. Automatic withdrawal is made from a checking or savings account on the due dates set up through FACTS. PLEASE READ THE FACTS POLICY INFORMATION CAREFULLY FOR POSSIBLE ADDITIONAL FEES.

Please Note: If you select Option 1 and payment is not made by the due date, Tuition payments must then be made through FACTS and a FACTS Tuition Verification must be provided within fifteen (15) days after the due date. Failure to do so will result in sanctions under paragraph 2 of the Tuition Contract, above.

NEW FACTS ENROLLEES ONLY:

If payment is made through the FACTS plan, the FACTS Tuition Enrollment form must be completed online and a FACTS Tuition Verification (copy of enrollment) must be attached to this Agreement.

FACTS website: <https://online.factsmtg.com/signin/3G3RD>

ST AUGUSTINE PRESCHOOL REGISTRATION 2019 – 2020

Please check preference:

• **Traditional Option: Mornings Only**

____ 4 year olds: M/W/F 8:30AM – 11:30AM
____ 3 year olds: T/TH 9:00AM – 11:00AM

• **All Day Option**

____ 4 year olds: M/W/F 8:30AM – 2:30PM
____ 3 year olds: T/TH 9:00AM – 2:30PM

• **Full Week Option for 3's and 4's: Mornings Only**

____ Monday/Wednesday/Friday 8:30AM – 11:30AM
And Tuesday/Thursday 9:00AM – 11:00AM

• **Full Week Option for 3's and 4's: All Day Option**

____ Monday/Wednesday/Friday 8:30AM – 2:30PM
And Tuesday/Thursday 9:00AM – 2:30PM

• **Additional Child Care Options**

____ Mornings 6:15AM until class begins
____ Afternoons 2:30PM – 6:00PM

We will do the best we can to honor your request, but there are no guarantees. See "Registration Information" sheet for placement consideration policy.

★ Our Preschool Director, will personalize a program for your child. 586-727-9365

Identification:

Child's Name: _____
Last First Middle

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Age: _____ Gender: _____ Date of Birth: _____ Place of Birth: _____

Baptized: No ___ Yes ___ Date: _____ Religion: _____

Family Information:

Mother (or Guardian): _____
Last First

Address: _____
Street City State Zip

Phone: _____ Cell: _____ Work Phone: _____

Email: _____

Father (or Guardian): _____
Last First

Address: _____
Street City State Zip

Phone: _____ Cell: _____ Work Phone: _____

Email: _____

REGISTRATION FEE IS NON-REFUNDABLE

Yes, I would like to include my \$55 Giving Tree Donation.

Contributions to the Giving Tree are to create a fund for school families in need.
(Donations to this fund are tax deductible)

Signature of Parent/Legal Guardian/Other

Date

Signature of Parent/Legal Guardian/Other

Date

SOME INFORMATION ABOUT:

YOUR PRESCHOOL CHILD'S NAME

Which of the following behaviors have you observed?

Friendly_____

Withdrawn_____

Courteous_____

Generous_____

Leader_____

Follower_____

Shy_____

Verbally Expressive_____

Cooperative_____

Aggressive_____

Curious_____

Sympathetic_____

Other:_____

Special Interests:_____

Fears:_____

Speech and/or Language Difficulties:_____

Health:

Does your child have any know allergies? _____ Explain:_____

Are any medications given regularly? _____ If yes, explain_____

Are there any physical, medical, or emotional conditions? _____ If yes, explain._____

Child Must Be Potty Trained:

Can your child indicate his/her bathroom need? _____

In what particular ways do you hope the preschool program will help your child's development this year?
