

2021-2022 PRESCHOOL REGISTRATION and TUITION AGREEMENT

The 2021-2022 Registration & Tuition costs for St. Joseph Catholic School, Crestline are as follows:
 \$50.00 Registration Fee, along with registration form, is due to hold child's spot. This is non-refundable.
(Past tuition and Fee due by May 19, 2021)

Tuition: Due by the end of the Month. See payments below.

½ Day PRESCHOOL	Full Day PRESCHOOL
Monday through Thursday 8:00 am -11:15 am \$90 a month	Monday through Thursday 8:00 am – 2:30 pm \$160 a month
½ Day PRESCHOOL	Full Day PRESCHOOL
Monday through Friday 8:00 am -11:15 am \$110 a month 4 YEAR OLDS ONLY!	Monday through Thursday 8:00 am – 2:30 pm & ½ Day on Friday 8:00 -11:15 am \$180 a month 4 YEAR OLDS ONLY!

****Please indicate which program your child will be attending.**

Tuition Payment Options (Applicable to Tuition Costs ONLY)

- _____ 1. Full payment by August 31, 2021 (5% discount will be granted) * FACTS fee waived
 _____ 2. (10) monthly payments paid last Friday of month, beginning August 2021
 _____ 3. Additional Notes: _____

Statement of Agreement to pay:

I agree to pay the total cost and abide by the payment option outlined in this Registration & Tuition Contract. I understand that this Registration & Tuition Contract is a binding agreement and that failure to pay as agreed can result in child's/children immediate withdraw from St. Joseph Catholic School. In accordance with diocesan guidelines, failure to pay as agreed will result in collection activity, up to and including legal counsel and third-party collection agency.

Responsible Party: _____

Date: _____

Principal: _____

Date: _____

Pastor: _____

Date: _____

ST. JOSEPH CATHOLIC SCHOOL, CRESTLINE
REGISTRATION AGREEMENT

Academic Year 2021-2022

Student Name: _____

Parent/Guardian Information:

	MOTHER:	FATHER:
Parent Name		
Street Address		
City/State/Zip		
Phone(home)		
Phone (cell)		
Phone(work)		
Email addresses		

STUDENT INFORMATION	Male	Female	Birthdate	Grade Entering
Name(s) of Students				
1				
2				
3				
4				
Child/children live with (Circle) Father Mother Both				
School Last Attended:				
Copy of Birth Certificate on File (circle) Yes No				
How were you introduced to our school?				
Church Affiliation: Baptized Yes No				

EMERGENCY CONTACTS: (PLEASE LIST ADDITIONAL CONTACTS)

Name:	Relationship to student:
Home#	Work # Cell#
Name:	Relationship to student:
Home#	Work # Cell#
Name:	Relationship to student:
Home#	Work # Cell#

Public School District in which you reside: _____

~ Students WILL NOT be released to anyone other than an authorized person unless instructions are given in writing by an authorized parent/guardian to a staff member.

~The following person(s) is/are authorized to pick up my child/children from school:

Name: _____ Relationship to student: _____
 Name: _____ Relationship to student: _____

Please complete all information and review and sign reverse side.

Copy of each child's birth certificate, social security card, and immunization record must be on file by August 1, 2021.

Please complete all information and review and sign reverse side.