ST. JOSEPH CATHOLIC SCHOOL, CRESTLINE REGISTRATION AGREEMENT

| Academic Year 2023-2024 | Student Name: | |
|-------------------------|---------------|--|
|-------------------------|---------------|--|

| Parent/ | /Guardian | Inforn | nation: |
|---------|-----------|--------|---------|
|---------|-----------|--------|---------|

| | MOTHER: | | FATHER: | | |
|-------------------------------|--------------------------|----------------------|-------------|--------------|----------------|
| Parent Name | | | | | |
| Street Address | | | | | |
| City/State/Zip | | | | | |
| Phone(home) | | | | | |
| Phone (cell) | | | | | |
| Phone(work) | | | | | |
| Email addresses | | | | | |
| | | _ | | | |
| STUDENT INFORMA | ATION | Male | Female | Birth Date | Grade Entering |
| Name(s) of Students | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| Child/children live | | Mother Both | 1 | | |
| School Last Attende | ed: | | | | |
| Copy of Birth Certif | icate on File (circle) | Yes No | | | |
| | oduced to our school? | | | | |
| Church Affiliation: | | ptized Yes No | | | |
| EMERGENCY CONTA | ACTS: (PLEASE LIST AD | DITIONAL CONTAC | CTS) | | |
| Name: | Relationship to student: | | | | |
| Home# | Work # | | Cell# | | |
| Name: | Relationship to student: | | | | |
| Home# | Work # | | Cell# | | |
| Name: | Relationsh | nip to student: | | | |
| Home# | Work # | | | Cell# | |
| Public School District | in which you reside: | | | | |
| ~ Students WILL NO | T be released to anyon | ne other than an au | ıthorized p | erson unless | |
| instructions are give | en in writing by an auth | norized parent/gua | rdian to a | staff member | |
| ~The following pers | on(s) is/are authorized | to pick up my chile | d/children | from school: | |
| Name: | | Relationship to stud | lent:_ | | |
| 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, 2023.

Please complete all information and review and sign reverse side.

^{**}Registration fee is due at the time of registration: \$50.00 first child, \$35.00 second child, \$25.00 third child.

2023-2024 REGISTRATION and TUITION AGREEMENT

The 2023-2024 Registration & Tuition costs for St. Joseph Catholic School, Crestline are as follows:
Registration Fee: \$50 first child, \$35.00 second child, \$25.00 third child.
Please contact the school office for any financial hardships.
Last year's tuition, must be paid in full, to register for next school year.

(Past tuition and Fees due by May 19, 2023)

Every student at St. Joseph School is eligible for financial aid to offset the cost of his/her education. Partnering with parents and guardians as primary educators, St. Joseph Parish wants to ensure that the young people in our community have an opportunity to receive affordable Catholic educations. To apply for all available scholarships, please sign the acknowledgment. Paperwork must be completed and returned by April 21, 2023.

| Student Name | Grade |
|--------------------------------------|--|
| TUITION OPTIONS | |
| 1. Pay full cost of tuit | n \$6,200 |
| 2. Applied for EdCho | |
| 3. Applied for Jon Pe | • |
| 4. Applied for North | |
| 5. Applied for St. Jos | • |
| PAYMENT OPTIONS | |
| Single Payment by ca | or check. Tuition must be prepaid by August 31, 2023 |
| (5% discount will be g | anted & FACTS fees waived). |
| Monthly payments do | e via FACTS website. |
| Statement of Agreement to pay: | |
| I agree to pay the total cost and al | de by the payment option outlined in the agreement with all fees paid in ful |
| by May 1, 2023. I understand that | his agreement is a binding agreement and that failure to pay as agreed |
| | |
| | |
| Responsible Party: | Date: |
| Principal: | Date: |
| Pastor: | Date: |