



at Our Lady of Lourdes + Saint Anne

2018 – 2019 Registration Form

For Office Use Only:	
Date Rec'd:	___/___/___
Check/ Money Order #:	_____
Parish Commitment Rec'd:	_____
PreK Only:	
Total Days:	_____ Full Half

Parent/Guardian 1:

Last Name _____

First Name _____

Street Address _____

City _____ State _____ Zip _____

Cell Ph _____ Work Ph _____ Home Ph _____

E-mail Address _____

Parent/Guardian 2:

Last Name _____

First Name _____

Street Address (***if different***) _____

City _____ State _____ Zip _____

Cell Ph _____ Work Ph _____ Home Ph _____

E-mail Address _____

Public School District _____ Religion _____

We are registered members of (Parish/Church) _____

Race: A-Asian, AF-African American, C-Caucasian, H- Hispanic, AI- American Indian, MR- Multi Racial, PI- Pacific Islander, O-Other (specify)
Note: Race and Religion information is collected for state reporting only and holds no bearing on your child being admitted into the school.

Kindergarten - Grade 6 Registration <small>(Registration for Siena Catholic Academy 7th grade students must be done directly at Siena.)</small>								
Student's Last Name	Student's First Name	M/F	Race	Date of Birth	Grade in Sept. 2018	Previous School Attended		
				/ /				
				/ /				
				/ /				
<i>Only new families or returning families that have changed parishes within the past year must submit an approved Commitment Form in order to receive the Catholic parishioner tuition rate.</i>								
Preschool Three and Four Year Old Program Registration								
Student's Last Name	Student's First Name	M/F	Race	Date of Birth	3 Or 4 Yr. Olds	AM	School Day	Full Day
				/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F
				/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F
<i>Please circle which days of the week your child will attend.</i>								

Principal's Signature _____

Date _____

Office _____

Registration Information Form
Finance Information for 2018–2019 School Year

All information must be completed by the Financially Responsible Person (Parent/Legal Guardian).

- A nonrefundable \$150 Family School Registration Fee must be submitted with this form. Cash, check or money order only.
- Make registration checks payable to Seton Catholic School.
- A nonrefundable \$150 Family Wrap Around Care Registration Fee (if applicable) must be submitted with this form. Cash, check or money order only. Registrations fee paid in full prior to July 1st qualify for the \$50 “early bird” WAC registration rate.
- A \$35 fee will be assessed for returned checks.
- All families who enroll students in Seton Catholic School will be required to set up/maintain an account with FACTS.
- Upon submission of registration, a letter will be issued with a link to FACTS and you will then be prompted to select a preferred payment option as outlined below, if required.

Payment Plan Options Available:

- | | |
|-------------------------------------|--|
| 1) Annual Payment: | * Due August 1, 2018
* No annual fee charged |
| 2) Semi-Annual Payments: | * Due August 1, 2018 and January 1, 2019
* No annual fee charged |
| 3) Ten Monthly <u>EFT</u> Payments: | * Processed each month, August - May
* 1 st of the month
* Annual fee of \$50/family charged by FACTS Management Co.
* The annual fee will be charged to your account 10 days after the school finalizes your registration |
| 4) Extended Day Drop-in-Slips | * \$325.00 for 10 tickets and are usable on any day that Wrap Around Care is in session. Prior notice is required .
Packets available at the Seton Catholic School Main Office. |

Understanding and Agreement:

1. I have been provided a copy of the Seton Catholic School “FACTS tuition program 2018-2019”.
2. A \$35 late fee will be assessed on late payments and electronic funds transfers that are declined or checks returned by your financial institution per occurrence.
3. I understand that delinquent accounts are referred to a collection agency when all other attempts to obtain payment have failed. In this event, I agree to pay all costs related to the collection and/or legal process.
4. If this is a re-registration, I understand that final validation for registration and grade placement for the next school year is dependent upon completion of all financial responsibilities for the current school year.
5. I understand I will register with FACTS Management Co. prior to my child(ren) being accepted at Seton Catholic School.
6. Account information may be shared with the following person/people:

_____ Relationship _____
_____ Relationship _____

Signature of Financially Responsible Person: _____ SS# _____

Relationship to Student(s) (Must be parent or legal guardian): _____

Mailing Address: _____
Street City State Zip

Telephone: Cell _____ Work _____ Home _____