



# 2023 – 2024 Registration Form

**Parent/Guardian 1: (please print)**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Ph \_\_\_\_\_ Home Ph \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Public School District \_\_\_\_\_ Religion \_\_\_\_\_

We are registered members of (Church) \_\_\_\_\_

**Parent/Guardian 2:**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Ph \_\_\_\_\_ Home Ph \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

### KINDERGARTEN – GRADE 6 REGISTRATION

Student's Last Name	Student's First Name	M/F	Race *	Date of Birth	2023 Grade	Previous School

### PRESCHOOL PROGRAM REGISTRATION

Student's Last Name	Student's First Name	M/F	Race *	Date of Birth	3 or 4 Yr Old	Half Day (8:45am – 11:15am)	School Day (8:45am - 2:15pm)
						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

### WRAP AROUND CARE REGISTRATION – PLEASE SEE NOTE

Student's Last Name	Student's First Name	Grade	M/F	Date of Birth	Allergies (attach details)	AM Registration (7:00AM – start of class)	PM Registration (2:15pm – 6:00pm)
						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

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

**Note:** Registration in the Wrap Around Care requires a one-time non-refundable registration fee of \$150.00. Take advantage of the early bird special. Register for WAC prior to July 1, 2023, and the registration fee will drop to \$50!

**Registration Information Form Finance Information for 2023–2024 School Year**

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

- A **nonrefundable \$500** Family School Registration Fee (cash/check or money order only) must be submitted with this form. Checks should be made payable to **Seton Catholic School**.
- **All enrolled families in Seton Catholic School will be required to set up/maintain an account with FACTS. Registration at FACTS can be done with the following link: <https://online.factsmgt.com/signin/3G3Y0>**  
*This is only required for new families.*

Tuition Payment Plan Options Available:

- |                            |  |  |
|----------------------------|--|--|
| • Annual Payments          | Due: August 1, 2023                        | No fee charged   |
| • Semi-Annual Payments     | Due: August 1, 2023 and<br>January 1, 2024 | No fee charged   |
| • Ten Monthly EFT Payments | Due: 1 <sup>st</sup> of month Aug – May    | \$50 fee charged to your account 10 days<br>after your FACTS plan is finalized |

Please note: The Wrap Around Care Vouchers can be purchased from the school office for \$380.00 for a package of 10 vouchers. Tickets are usable on any afternoon WAC is in session. Prior notice is required. Tickets are valid only for the 2023-2024 school year.

**Understanding and Agreement:**

1. I have been provided a copy of the Seton Catholic School “FACTS tuition program 2023-2024”.
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 a 90-calendar day written notice is required for withdrawal from any program to become valid.**
6. I understand I will register with FACTS Management Co. prior to my child(ren) being accepted at Seton Catholic School.
7. Account information may be shared with the following person/people:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

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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 \_\_\_\_\_