



at Our Lady of Lourdes † Saint Anne

2024 – 2025 Registration Form

Parent/Guardian 1: (please print)

Parent/Guardian 2:

Last Name _____ Last Name _____
 First Name _____ First Name _____
 Street Address _____ Street Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Cell Ph _____ Home Ph _____ Cell Ph _____ Home Ph _____
 E-mail Address _____ E-mail Address _____
 Public School District _____ Religion _____

We are registered members of (Church) _____

KINDERGARTEN – GRADE 6 REGISTRATION

Student's Last Name	Student's First Name	M/F	Race *	Date of Birth	2024 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 \$200. Take advantage of the early bird special. Register for WAC prior to July 1, 2024 and the registration fee will drop to \$150!

Registration Information Form Finance Information for 2024–2025 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, 2024 | No fee charged |
| • Semi-Annual Payments | Due: August 1, 2024 and
January 1, 2025 | No fee charged |
| • Ten Monthly EFT Payments | Due: 1 st of month Aug – May | \$50 fee charged to your account 10
after your FACTS plan is finalized |

Please note: The Wrap Around Care Vouchers can be purchased from the school office for \$405.00 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 2024-2025 school year.

Understanding and Agreement:

1. I have been provided a copy of the Seton Catholic School “FACTS tuition program 2024-2025”.
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 _____

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 _____