



# HOLY SPIRIT CATHOLIC SCHOOL 2006/2007 REGISTRATION FORM

## STUDENT INFORMATION

### 1<sup>st</sup> STUDENT'S NAME

LAST NAME	FIRST NAME	MIDDLE NAME	AGE	<input type="checkbox"/> AM <input type="checkbox"/> PM PRE-SCHOOL PREFERENCE	GRADE
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DATE OF BIRTH / /	<input type="checkbox"/> M <input type="checkbox"/> F GENDER	ETHNICITY	RELIGION
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KNOWN ALLERGIES AND/OR OTHER MEDICAL CONDITIONS:

### 2<sup>nd</sup> STUDENT'S NAME

LAST NAME	FIRST NAME	MIDDLE NAME	AGE	<input type="checkbox"/> AM <input type="checkbox"/> PM PRE-SCHOOL PREFERENCE	GRADE
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DATE OF BIRTH / /	<input type="checkbox"/> M <input type="checkbox"/> F GENDER	ETHNICITY	RELIGION
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KNOWN ALLERGIES AND/OR OTHER MEDICAL CONDITIONS:

### 3<sup>rd</sup> STUDENT'S NAME

LAST NAME	FIRST NAME	MIDDLE NAME	AGE	<input type="checkbox"/> AM <input type="checkbox"/> PM PRE-SCHOOL PREFERENCE	GRADE
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DATE OF BIRTH / /	<input type="checkbox"/> M <input type="checkbox"/> F GENDER	ETHNICITY	RELIGION
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KNOWN ALLERGIES AND/OR OTHER MEDICAL CONDITIONS:

### 4<sup>th</sup> STUDENT'S NAME

LAST NAME	FIRST NAME	MIDDLE NAME	AGE	<input type="checkbox"/> AM <input type="checkbox"/> PM PRE-SCHOOL PREFERENCE	GRADE
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DATE OF BIRTH / /	<input type="checkbox"/> M <input type="checkbox"/> F GENDER	ETHNICITY	RELIGION
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KNOWN ALLERGIES AND/OR OTHER MEDICAL CONDITIONS:

## EMERGENCY INFORMATION

PHYSICIAN	PHONE	DENTIST	PHONE
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### IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:

NAME	RELATIONSHIP	PHONE
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NAME	RELATIONSHIP	PHONE
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## FAMILY INFORMATION

### PARENT/LEGAL GUARDIAN

MOTHER'S NAME	EMPLOYER	DATE OF BIRTH / /
STREET ADDRESS	CITY	ZIP
HOME PHONE	WORK PHONE	MOBILE PHONE
VALID E-MAIL ADDRESS		

### PARENT/LEGAL GUARDIAN

FATHER'S NAME	EMPLOYER	DATE OF BIRTH / /
STREET ADDRESS	CITY	ZIP
HOME PHONE	WORK PHONE	MOBILE PHONE
VALID E-MAIL ADDRESS		

**MARITAL STATUS OF STUDENT'S PARENTS:**

- MARRIED     SEPARATED  
 DIVORCED     OTHER

**STUDENT(S) RESIDE WITH:**

- BOTH PARENTS IN HOME     MOTHER ONLY  
 PART-TIME W/EACH PARENT     FATHER ONLY  
 GRANDPARENTS     GUARDIAN: \_\_\_\_\_

(INDICATE RELATIONSHIP)

NAME OF STEP-PARENT (IF APPLICABLE)	SPOUSE OF: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	PHONE
NAME OF STEP-PARENT (IF APPLICABLE)	SPOUSE OF: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	PHONE

## PARENTAL RELEASE & CONSENT FORM

**FIELD TRIPS:** I give my child/children permission to participate in all field trips and school activities approved by the school. I understand that every effort will be made to notify me of field trip plans at least one week prior to the event. (Occasionally, opportunities for field trips occur that make it impossible to provide one week's notice. In these instances, we will give you as much notice as possible.)

**PARENT EMERGENCY CONSENT:** As the parent or legal guardian of the child(ren) listed on the Registration form, I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child(ren). Recognizing the possibility of physical injury, I hereby release, discharge and/or indemnify Holy Spirit Catholic School, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, and the facilities utilized for the Programs against any claim by or on behalf of the registrant(s) as a result of the registrant's participation or being transported to or from the same, which transportation I hereby authorize. I, the parent/guardian of the registrant(s), a minor, agree that I will abide by the rules of Holy Spirit Catholic School and its affiliated organizations and sponsors.

**PHOTO CONSENT:** I hereby give permission for my child's photograph or video image to be used in school-related publications; including an annual, website, video or television advertisement. INITIAL \_\_\_\_ INITIAL \_\_\_\_

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN \_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN \_\_\_\_\_  
DATE



# HOLY SPIRIT CATHOLIC SCHOOL 2006/2007 TUITION CONTRACT

I, \_\_\_\_\_ and \_\_\_\_\_, being the parent(s) and/or guardian(s) agree to the following:

## 1. TUITION

(PLEASE CHOOSE ONE)

### CONTRIBUTING CATHOLIC RATES

<input type="checkbox"/> 3 yr. PRESCHOOL (ONE CHILD)	\$ 1,200
<input type="checkbox"/> 4 yr. PRESCHOOL (ONE CHILD)	\$ 2,000
<input type="checkbox"/> FULL-TIME PRESCHOOL w/CHILDCARE	\$ 3,141
<input type="checkbox"/> GR. K – 6 <sup>TH</sup> (ONE CHILD)	\$ 2,700
<input type="checkbox"/> GR. K – 6 <sup>TH</sup> (TWO CHILDREN)	\$ 4,800
<input type="checkbox"/> GR. K – 6 <sup>TH</sup> (THREE CHILDREN)	\$ 6,500
<input type="checkbox"/> GR. K – 6 <sup>TH</sup> + 4 yr. PRESCHOOL	\$ 4,300

### NON-CONTRIBUTING CATHOLIC RATES

<input type="checkbox"/> 3 yr. PRESCHOOL (ONE CHILD)	\$ 1,200
<input type="checkbox"/> 4 yr. PRESCHOOL (ONE CHILD)	\$ 2,150
<input type="checkbox"/> FULL-TIME PRESCHOOL w/CHILDCARE	\$ 3,141
<input type="checkbox"/> GR. K – 6 <sup>TH</sup> (ONE CHILD)	\$ 3,200
<input type="checkbox"/> GR. K – 6 <sup>TH</sup> (TWO CHILDREN)	\$ 5,800
<input type="checkbox"/> GR. K – 6 <sup>TH</sup> (THREE CHILDREN)	\$ 7,900
<input type="checkbox"/> GR. K – 6 <sup>TH</sup> + 4 yr. PRESCHOOL	\$ 5,200

- To receive the *Contributing Catholic Rate*, I meet the following criteria:
  1. Parent/Guardian and students must be registered members of Holy Spirit Catholic Community
  2. There must be regular attendance at weekend and Holy Day Masses
  3. There must be regular financial contributions through the use of parish envelopes
- Understanding the aforementioned, I meet the criteria for the *Contributing Catholic Rate*:  YES  NO  
(Please note that the local Parish Administrators will make the final determination)
- If payment of the total amount of tuition is made by June 30, 2006, a 5% discount from the total amount of tuition will be allowed. If payment of the total amount of tuition is made by July 31, 2006, a 4% discount from the total amount of tuition will be allowed.

I AGREE TO PAY TUITION IN THE AMOUNT OF \$ \_\_\_\_\_, CHOOSING ONE OF THE FOLLOWING PAYMENT OPTIONS  
(Please select one):

- SINGLE PAYMENT BY JUNE 30, 2006;
- SINGLE PAYMENT BY JULY 31, 2006; OR
- UNDER THE TERMS OF THE FACTS TUITION MANAGEMENT AUTOMATIC PAYMENT AGREEMENT  
(monthly payments are made on either the 5th or the 20th of each month).

I AGREE TUITION IS PAYABLE MONTHLY OR ANNUALLY, ACCORDING TO THE TUITION PAYMENT OPTION THAT I HAVE SELECTED AND THAT IF I FAIL TO MAKE TIMELY PAYMENT(S), MY ACCOUNT WILL BE PAST DUE.

I FURTHER AGREE TO THE FOLLOWING TERMS:

- If an account is thirty (30) days past due, the school office will send, by certified mail, a written request for payment;
- If an account is sixty (60) days past due, the school office will send, by certified mail, a written notification requesting that the account be brought current or that a written payment plan be submitted to the Financial Committee of the School Board within ten (10) business days of receipt of the written notification. If the account is not brought current or a written payment plan has not been submitted to the Financial Committee of the School Board within ten (10) business days of receipt of the request, your child(ren) shall not be allowed to attend school and the account either will be turned over to a collection agency or a legal action will be filed to recover payment on the account.
- Your child(ren) will not be allowed to enroll for the upcoming school year or Summer Care Program if your account is past due.
- I understand that if for any unforeseen reason that I must take my child(ren) out of the school, that I have the right to appeal any remaining balance due to the School Board.

FAMILIES THAT ARE EXPERIENCING FINANCIAL DIFFICULTY ARE ENCOURAGED TO CONTACT THE PRINCIPAL OR THE ADMINISTRATIVE ASSISTANT TO MAKE PAYMENT ARRANGEMENTS OR APPLY FOR FINANCIAL ASSISTANCE.

2. ADDITIONAL COMMITMENT FEES

REGISTRATION: 3 YR PRESCHOOL (per student).....	\$100.00
REGISTRATION/BOOK & TESTING FEES: 4 YR PRESCHOOL/GR. K – 6 <sup>TH</sup> (per student) .....	\$170.00
ACTIVITY FEE: 4 YR PRESCHOOL/GR. K – 6 <sup>TH</sup> (per student) .....	\$ 25.00
PARENT/TEACHER CLUB FEE (per family).....	\$ 5.00
MULTI-STUDENT RATES: 4 YR PRESCHOOL/GR. K – 6 <sup>TH</sup>	
2 STUDENTS.....	\$ 340.00 + \$ 50.00 + \$ 5.00 = \$395.00
3 STUDENTS.....	\$ 510.00 + \$ 5.00 + \$ 5.00 = \$590.00
4 STUDENTS.....	\$ 680.00 + \$100.00 + \$ 5.00 = \$785.00

TOTAL REGISTRATION FEES .....\$\_\_\_\_\_

3. SERVICE HOURS

Each family will provide 20 hours of service for the school during the school year or pay a service fee of \$300.00. For more information on this policy refer to the student handbook.

4. CHILD CARE FEES

Before and after school fees will be billed on a monthly basis as per Child Care contract.

**I, the undersigned, have read this contract; I understand that this is a legal and binding contract with Holy Spirit Catholic School; and I understand and agree to all of its terms.**

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

\_\_\_\_\_  
DATE