

Holy Name Catholic School 121 South Connor St Sheridan, WY 82801 Office 307-672-2848 Fax: 307-673-4474	2020-2021 Registration/Enrollment form Pre-kindergarten – Eighth Grade	FOR OFFICE USE ONLY Date received: _____ Business Manager: _____ School Office: _____ Accountant: _____
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Today's Date: _____

Registered in the Parish: Yes No

A. Information Section

FAMILY LAST NAME	Last Name (if different from family name)	Date of Birth	Grade for 2020-2021
Student First Name			
1)			
2)			
3)			
4)			

AFTER CARE YES Day(s) _____
NO

NAME OF PERSON(S) RESPONSIBLE FOR TUITION PAYMENTS: _____
 Phone # _____
 Mailing address: _____
Street PO BOX City/State/Zip

FOR OFFICE USE ONLY

Non-Refundable Pre-Registration fee \$100 per student. Date Paid: _____ \$150 after March 31, 2020	CASH _____	CHECK & CHECK # _____	CREDIT CARD _____
Staff Signature: _____			

IN THE EVENT THAT HOLY NAME RECEIVES TWO (2) INSUFFICIENT PAYMENTS BY ACH OR RETURNED CHECK YOU WILL BE RESPONSIBLE AND LIABLE TO MAKE CASH OR MONEY ORDER PAYMENTS. NO EXCEPTIONS

A. Tuition Section

Tuition payment options: please check one

Debit Authorization for Automatic Bank Withdrawal: 10months (begins in September ends in June) Please complete the Debit Authorization information on the next page	<input type="checkbox"/> Annual: entire payment due by September 15, 2020 <input type="checkbox"/> Semester: Payments due September 2020 & January 2021 <input type="checkbox"/> Quarter: Payments due Sept., Nov., 2020, Feb., May 2021 <input type="checkbox"/> Other: Please see option TWO (2) on the back of this form
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Tuition / Payment Plan	Tuition Amount(s)	Tuition Amount
Registered parish Student(s) (K-8) \$3,300; \$2,640; \$1,650		\$
Non-registered parish Student(s)(K-8) \$4,300; \$3,440; \$2,150		\$
Pre-K student(s) \$5,300.00; \$4,240; \$2,650		\$
	Total due before deduction(s)	\$
Tuition Assistance Granted (if applicable)	Less	\$
Other	Less	\$
Your Total amount of tuition due for the 2020-2021 school year		\$

Option One (1) DEBIT PLAN: Thank you for choosing to make your tuition payments via electronic debit from your account.

10-month plan ~ September 2020 thru June 2021

Enter the amount of the deduction \$ _____

Deduction will be made on the 5th of each month

Bank/Financial Institution Name: _____

Account Number: _____

Routing Number: _____

Please indicate (circle) whether the account is a **CHECKING** or **SAVINGS** account

I authorize Holy Name Catholic School and the Financial Institution listed above to initiate electronic entry to my account each month. This authority will remain in effect until approved annual tuition is paid in full. I understand that Holy Name Catholic School may initiate a reversal of any entry made under this agreement if an error has been made.

Signature: _____ Date: _____



Option Two (2) MONTHLY PAYMENTS MADE IN THE BUSINESS OFFICE (121 South Connor St)

I, _____, will pay \$ _____ **CASH, CHECK,** or **CREDIT CARD** on or before the fifth (5th) of each month beginning **September 5, 2019** and ending **June 5, 2021**.

September 5, 2020		January 5, 2021		May 5, 2021	
October 5, 2020		February 5, 2021		June 5, 2021	
November 5, 2020		March 5, 2021			
December 5, 2020		April 5, 2021			

I understand this authorization remains in effect for until July 1, 2021. I may modify or rescind this authorization, or any part thereof, at any time by contacting Holy Name Catholic School Business Office in writing 30 days prior to the cancellation of the agreement.

Signature _____ Date _____

I have read and understand the contents of this commitment form. I agree to all tuition obligations.

Signature of Parent/Guardian: _____

Date: _____

