

ST. JOSEPH GRAMMAR SCHOOL
2020-2021 Non-Parishioner Financial Contract
Pre-K 3 and 4

Due upon registration:

Registration Fee per Family	\$ 100.00
School Fee per Child	\$ 200.00

Payable monthly from July 2020 to April 2021: \$ 5110.00

- A \$500 discount will be given if the Pre-K student has a sibling in an upper grade (Kinder to 8th) at St. Joseph School

Family Name _____ Telephone _____
Address _____

Child's Full Name	_____	Grade Next Year	_____
Child's Full Name	_____	Grade Next Year	_____
Child's Full Name	_____	Grade Next Year	_____
Child's Full Name	_____	Grade Next Year	_____

Person Responsible for Paying Tuition: _____

The terms of this contract require the above-named student's family to adhere to the following:

1. Pay the above tuition to FACTS Tuition Management, starting in July 2020 to April 2021. Late registrations will result to a higher monthly tuition payment, as the entire tuition amount will be divided into the remaining months until April 2021. Two months tuition must be paid before the child can attend school in September 2020. Late fees are charged by the tuition company at \$50 per occurrence.
2. Tuition Must Be Paid. We will not allow past two months of non-tuition payments or late fees. After two months, the students will be withdrawn from the school population and the parents will be given a transfer for their children. No student is eligible to begin school until previous school fees are paid in full.
3. \$200 Fundraising: The Home School Association runs several fundraisers during the school year. Participation in the \$120 Candy Sale is MANDATORY. The remaining \$80 can be fulfilled thru the Home School Association's other fundraising programs.
4. If your child or any of your children is in a graduating or moving-up class (Pre-K), all financial obligations must be paid by May 1st.

We hope that these guidelines are clear and that we can work together to make next year a great year for all of us. Thank you for your cooperation.

Parent's Signature _____ **Date** _____

ST. JOSEPH GRAMMAR SCHOOL
2020-2021 Non-Parishioner Financial Contract
Grade Kinder to 8th

Due upon registration:

Registration Fee per Family	\$ 100.00
School Fee per Child	\$ 250.00

Payable monthly from July 2020 to April 2021:

Tuition for 1 st Child	\$ 5,365.00
Tuition for 2 nd Child	\$ 7,650.00
Tuition for 3 rd Child	\$ 9,280.00
Tuition for 4 th Child	\$ 11,160.00

Family Name _____ Telephone _____
 Address _____

Child's Full Name _____	Grade Next Year _____
Child's Full Name _____	Grade Next Year _____
Child's Full Name _____	Grade Next Year _____
Child's Full Name _____	Grade Next Year _____

Person Responsible for Paying Tuition: _____

The terms of this contract require the above-named student's family to adhere to the following:

1. Pay the above tuition to FACTS Tuition Management, starting in July 2020 to April 2021. Late registrations will result to a higher monthly tuition payment, as the entire tuition amount will be divided into the remaining months until April 2021. Two months tuition must be paid before the child can attend school in September 2020. Late fees are charged by the tuition company at \$50 per occurrence.
2. Tuition Must Be Paid. We will not allow past two months of non-tuition payments or late fees. After two months, the students will be withdrawn from the school population and the parents will be given a transfer for their children. No student is eligible to begin school until previous school fees are paid in full.
3. \$200 Fundraising: The Home School Association runs several fundraisers during the school year. Participation in the \$120 Candy Sale is MANDATORY. The remaining \$80 can be fulfilled thru the Home School Association's other fundraising programs.
4. If your child or any of your children is in a graduating or moving-up class (Grade 8, Kindergarten or Pre-K), all financial obligations must be paid by May 1st.

We hope that these guidelines are clear and that we can work together to make next year a great year for all of us. Thank you for your cooperation.

Parent's Signature _____ **Date** _____

To avail of the Parishioner tuition rate, please have your Pastor sign this agreement, to signify his confirmation that you are an **ACTIVE REGISTERED PARISHIONER** of his parish. You must also attach the Statement of Contribution from your parish, and the office will adjust your tuition rates.

Pastor's Signature _____ Parish Name: _____

**ST. JOSEPH GRAMMAR SCHOOL
2020-2021 RETURNING STUDENT REGISTRATION**

Student Information

Last Name: _____ First: _____ Middle: _____

Gender: M F

Date of Birth (mm/dd/yyyy): _____

Grade in September 2020: _____

Home Phone: _____

Street Address: _____

Apt / Unit / Ste: _____

City: _____ State: _____ Zip: _____

Is the student's mailing address different than the physical address listed above? Y N

Street Address: _____

Apt / Unit / Ste: _____

City: _____ State: _____ Zip: _____

School History

Is your child currently attending another Archdiocesan school ? Yes No

Does the applicant have a current or previous school ? Yes No

Current Grade: _____ Date Entered (mm/dd/yyyy): _____

Siblings

How many school aged siblings does the student have?

	First Name	Last Name	DOB (mm/dd/yyyy)	School Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Emergency Contacts

Contact 1

Title:___ First Name:_____

Middle:_____ Last:_____

Suffix:_____

Gender: M F

Relationship to Student:_____

*(Aunt, Brother, Father, Grandfather,
Grandmother, Mother, Other, Sister, Uncle)*

Emergency Contact:	yes	no
Has custody:	yes	no
Can pick up student:	yes	no
Lives with student:	yes	no
Resides at Student Address:	yes	no
Receives mail for student:	yes	no

Street Address:_____

Line 2 (Apt/ Unit/ Ste)_____

City:_____ State:_____ Zip:_____

Phone 1 Number:_____ Type:_____

Extension:_____

Preferred phone number?	yes	no
Accepts SMS?	yes	no

Phone 2 Number:_____ Type:_____

Extension:_____

Preferred phone number?	yes	no
Accepts SMS?	yes	no

Phone 3 Number:_____ Type:_____

Extension:_____

Preferred phone number?	yes	no
Accepts SMS?	yes	no

Contact 2

Title:___ First Name:_____

Middle:_____ Last:_____

Suffix:_____

Gender: M F

Relationship to Student:_____

*(Aunt, Brother, Father, Grandfather,
Grandmother, Mother, Other, Sister, Uncle)*

Emergency Contact:	yes	no
Has custody:	yes	no
Can pick up student:	yes	no
Lives with student:	yes	no
Resides at Student Address:	yes	no
Receives mail for student:	yes	no

Street Address:_____

Line 2 (Apt/ Unit/ Ste)_____

City:_____ State:_____ Zip:_____

Phone 1 Number:_____ Type:_____

Extension:_____

Preferred phone number?	yes	no
Accepts SMS?	yes	no

Phone 2 Number:_____ Type:_____

Extension:_____

Preferred phone number?	yes	no
Accepts SMS?	yes	no

Phone 3 Number:_____ Type:_____

Extension:_____

Preferred phone number?	yes	no
Accepts SMS?	yes	no

Contact 3

Title:___ First Name:_____
Middle:_____ Last:_____
Suffix:_____
Gender: M F
Relationship to Student:_____
(Aunt, Brother, Father, Grandfather,
Grandmother, Mother, Other, Sister, Uncle)

Emergency Contact: yes no
Has custody: yes no
Can pick up student: yes no
Lives with student: yes no
Resides at Student Address: yes no
Receives mail for student: yes no

Street Address:_____
Line 2 (Apt/ Unit/ Ste)_____
City:_____ State:_____ Zip:_____

Phone 1 Number:_____ Type:_____
Extension:_____
Preferred phone number? yes no
Accepts SMS? yes no

Phone 2 Number:_____ Type:_____
Extension:_____
Preferred phone number? yes no
Accepts SMS? yes no

Phone 3 Number:_____ Type:_____
Extension:_____
Preferred phone number? yes no
Accepts SMS? yes no

Contact 4

Title:___ First Name:_____
Middle:_____ Last:_____
Suffix:_____
Gender: M F
Relationship to Student:_____
(Aunt, Brother, Father, Grandfather,
Grandmother, Mother, Other, Sister, Uncle)

Emergency Contact: yes no
Has custody: yes no
Can pick up student: yes no
Lives with student: yes no
Resides at Student Address: yes no
Receives mail for student: yes no

Street Address:_____
Line 2 (Apt/ Unit/ Ste)_____
City:_____ State:_____ Zip:_____

Phone 1 Number:_____ Type:_____
Extension:_____
Preferred phone number? yes no
Accepts SMS? yes no

Phone 2 Number:_____ Type:_____
Extension:_____
Preferred phone number? yes no
Accepts SMS? yes no

Phone 3 Number:_____ Type:_____
Extension:_____
Preferred phone number? yes no
Accepts SMS? yes no

*In case of medical emergency parents will be contacted first. Please list contacts in order of priority:

Contact 1st _____
Contact 2nd _____
Contact 3rd _____
Contact 4th _____

HOW WILL YOUR CHILDREN GO HOME IN CASE OF EMERGENCY CLOSING? Our children will....(check one)

- walk home immediately
- take public transportation
- stay at school and be picked up

Family Alumni

How many of the applicant's relatives are alumni?

- 1: First Name: _____ Last Name: _____ Relationship to Applicant: _____
Graduation Year: _____ Email Address: _____
- 2: First Name: _____ Last Name: _____ Relationship to Applicant: _____
Graduation Year: _____ Email Address: _____
- 3: First Name: _____ Last Name: _____ Relationship to Applicant: _____
Graduation Year: _____ Email Address: _____
- 4: First Name: _____ Last Name: _____ Relationship to Applicant: _____
Graduation Year: _____ Email Address: _____

2020-2021 MEDICAL INFORMATION

Family Name _____

Student's Name	Grade	Allergic to:	Medication

Medical Doctor

Name: _____ Telephone: _____

Address: _____

Dentist

Name: _____ Telephone: _____

Address: _____

Home Situation (check all that apply)

Parents reside together _____

Parents separated _____

Single Parent home _____

Parents divorced _____

Where parents are separated/divorced, who has legal (residential custody)?

(A copy of legal custody papers should be submitted to the school office and will be kept in the Principal's office).

It is understood that, in the final disposition of an emergency case, school authorities will proceed to make home contact with parents first, and then the additional emergency contact names listed on this form. This authorization states that in the event of a medical emergency, the school shall have the legal right to take the student to the hospital or doctor's office in the event a parent or guardian or emergency contact cannot be reached in time for medical attention or care.

Where possible, please have both parents sign below.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

*Please complete this form completely.
Information on this page must be kept up to date. Please notify office immediately if there are changes.*