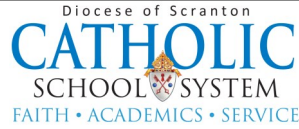


Oldest Child's School (2018-19) \_\_\_\_\_

\_\_\_\_\_ New Family



Family Name \_\_\_\_\_

\_\_\_\_\_ Current Family

### 2018-19 Registration Form & Tuition Contract

Please print all information

Oldest Student Name (Last Name First)	Date of Birth	Gender	Race	Entering Grade	Tuition Amount
1. _____	_____	_____	_____	_____	\$ _____

<b>School Attended in 2017-18</b> _____	<b>School Attending in 2018-19</b> _____
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**Additional Children Registering:**

2. _____	_____	_____	_____	_____	\$ _____
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<b>School Attended in 2017-18</b> _____	<b>School Attending in 2018-19</b> _____
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3. _____	_____	_____	_____	_____	\$ _____
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<b>School Attended in 2017-18</b> _____	<b>School Attending in 2018-19</b> _____
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4. _____	_____	_____	_____	_____	\$ _____
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<b>School Attended in 2017-18</b> _____	<b>School Attending in 2018-19</b> _____
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#### TUITION

Please see attached regarding tuition schedule and policy. REMINDER: Pre-Kindergarten is included in discount for early payment in full.

Less discount of \$100 (first child) and \$50 (each additional child) for tuition paid in full for all children on or before July 15, 2018 —\$ \_\_\_\_\_

Total Tuition (Applicable fees will be assessed locally.) \$ \_\_\_\_\_

I will pay the tuition according to the following schedule (please check one):

\_\_\_\_\_ One Payment - Due July 15, 2018      \_\_\_\_\_ Two Payments - Due July 15, 2018 and January 15, 2019

\_\_\_\_\_ Monthly Payments - Due 5th or 20th of each month (July 2018—June 2019)

FACTS TUITION MANAGEMENT: If payments are not made by the due date, a \$50 late fee will be assessed by FACTS for each late payment.

Please return this form with a \$100 non-refundable family registration fee. (Submit to the school of the oldest child.)

Check # \_\_\_\_\_ Check should be made payable to "Diocese of Scranton".

#### OFFICE USE ONLY

Information has been verified by \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Enrollment is conditional on having satisfied all financial obligations.**

**Textbooks**

To: Secretary of Education, Commonwealth of Pennsylvania

I hereby request the load of textbook, instructional materials and auxiliary services in accordance with Pennsylvania ACTS 195/90 for my child/ren attending Diocese of Scranton Catholic Schools.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Parent Signature \_\_\_\_\_

**Public School District of Residence** \_\_\_\_\_

**Parish Membership Verification**

**REMINDER:** Catholic Registrants must have Pastor's Signature or Letter from Pastor verifying Church participation.

Letter attached \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

For ALL registrations: \_\_\_\_\_ Roman Catholic \_\_\_\_\_ Other Catholic \_\_\_\_\_ Non-Catholic (if no parish affiliation applies)

Parish \_\_\_\_\_ City \_\_\_\_\_

**Family Information**

Father's Full Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father/Mother Address, if other than students \_\_\_\_\_

Parent/s Marital Status \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ father deceased \_\_\_\_\_ mother deceased

Child/ren live with \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other: \_\_\_\_\_

**Emergency Contact Information**

Father Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Work City/State \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Work City/State \_\_\_\_\_ Work Phone \_\_\_\_\_

**Required Information:** Birth Certificate/s Verified \_\_\_\_\_ Baptismal Certificate/s \_\_\_\_\_ Immunization/s \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Please note that financial/tuition information will only be discussed with responsible party.**