



2017-2018 Registration/Tuition Form

Family Information

My child will not be attending St. Clare Catholic School for the 2017-18 school year (Please see page 6)

Father/Guardian Information		
Father/Guardian's Name (Last, First, Middle)		
Home Address (Number, Street, City, State, Zip) <input type="checkbox"/> Same as Student's Address <input type="checkbox"/> Billing address		
Home Phone	Cell Phone	Work Phone
Email Address		
Employer	Occupation	
Religion	Parish	
Father/Guardian (Please check all that apply)		
<input type="checkbox"/> Live with student <input type="checkbox"/> List Home/Cell Phone in School Directory <input type="checkbox"/> List email in School Directory <input type="checkbox"/> List Address in School Directory		

Mother/Guardian Information		
Mother/Guardian's Name (Last, First, Middle)		
Home Address (Number, Street, City, State, Zip) <input type="checkbox"/> Same as Student's Address <input type="checkbox"/> Billing address		
Home Phone	Cell Phone	Work Phone
Email Address		
Employer	Occupation	
Religion	Parish	
Mother/Guardian (Please check all that apply)		
<input type="checkbox"/> Live with student <input type="checkbox"/> List Home/Cell Phone in School Directory <input type="checkbox"/> List email in School Directory <input type="checkbox"/> List Address in School Directory		

Marital Status Married Single Widowed Divorced/Separated

If parents do not live together, is there a custody agreement on file? Yes No

Bus service requested? (3K students are not able to ride the bus) Yes No

Student Information

First Student Information	
Grade Entering	Current Age
Student Name (Last, First, Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
What public school would your child attend?	
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)	
Ethnicity (for office use only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Fill in below for new families only.	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Second Student Information	
Grade Entering	Current Age
Student Name (Last, First, Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
What public school would your child attend?	
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)	
Ethnicity (for office use only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Fill in below for new families only.	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date	Location
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Third Student Information	
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Grade Entering	Current Age
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Student Name (Last, First, Middle)

<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
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What public school would your child attend?

Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)

Ethnicity (for office use only)
 White, Non-Hispanic Hispanic Asian/Pacific Islander Black/Non-Hispanic
 Multiracial American Indian/Alaskan Other

Fill in below for new families only.

Has student been baptized? Yes No

Baptism Date (if applicable)	Baptism Location (if applicable)
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Has Student received First Holy Communion? Yes No

Date	Location
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Fourth Student Information	
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Grade Entering	Current Age
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Student Name (Last, First, Middle)

<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
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What public school would your child attend?

Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)

Ethnicity (for office use only)
 White, Non-Hispanic Hispanic Asian/Pacific Islander Black/Non-Hispanic
 Multiracial American Indian/Alaskan Other

Fill in below for new families only.

Has student been baptized? Yes No

Baptism Date (if applicable)	Baptism Location (if applicable)
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Has Student received First Holy Communion? Yes No

Date	Location
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Tuition Form

NOTE: One Tuition Form must be submitted per FAMILY

Early Registration FULL time 4K through 8th Grade Tuition (ENDS March 31, 2017)

*NON-PARISH MEMBER

1 Child	2 nd Child	3 rd Child	4 th Child	5 th Child
\$2,300/\$2,400*	\$2,200/\$2,300*	\$2,100/\$2,200*	\$2,000/\$2,100*	\$1,900/\$2,000*

FULL time 4K through 8th Grade Tuition (BEGINS April 1, 2017)

*NON-PARISH MEMBER

1 Child	2 nd Child	3 rd Child	4 th Child	5 th Child
\$2,500/\$2,600*	\$2,400/\$2,500*	\$2,300/\$2,400*	\$2,200/\$2,300*	\$2,100/\$2,200*

First Grade Discount

Students who were enrolled at St. Clare Catholic School for the full academic years of 4K in 2015-16 and kindergarten in 2016-17 will receive a \$500 discount on 2017-18 first grade tuition.

My child qualifies for this discount.

3K

Pre-K 3	Tues. and Thurs. (7:55am-11:00am)	\$1,200/year parish member \$1,300/year non-parish member
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4K

Option 1	Mon./Weds./Fri. ALL DAY	\$1,900/year parish member \$2,000/year non-parish member
Option 2	5 HALF days (7:55am-11:00am)	\$1,900/year parish member \$2,000/year non-parish member
Option 3	5 FULL days	see 4K-8 tuition tables above

*ONLY Full time 4K students qualify for the multi-student discount

Payment Options (please check one)

<input type="checkbox"/> Full Payment (if payment is received prior to September 15 th , tuition will be credited by \$20/child)	<input type="checkbox"/> Semi-Annual payment (50% due September 15 th and 50% due April 25 th)
<input type="checkbox"/> Eight Monthly Payments (Must sign up for electronic funds transfer) (Beginning September 5 th – ending April 25 th)	

2017-2018 Tuition

The per-student cost to educate each child is approximately \$5,133. Tuition covers about 45% of the cost. The rest is covered through a parish subsidy and fundraising activities. Please look for opportunities to support the parish through sacrificial giving.

If you are able to assist the school with the additional per pupil cost, a payment in excess of your tuition would be acknowledged as a donation to the school. I would like to make a donation of \$

Tuition Responsibility Page

NOTE: One Tuition Responsibility Page must be submitted for each family

I, _____ (Parent/Guardian), am responsible for the payment of the registration fee and tuition for:

Student	Grade	Tuition
Total Tuition Due		\$

Please send information about the tuition grant program

All fees and tuition for the 2017-18 school year will be paid in full by April 25, 2018. If, for any reason, a change is required to the payment plan, a call to the school office must be made and a new form must be completed. By signing the tuition responsibility page, I understand and agree to fulfill my financial commitment and obligation to St. Clare Catholic School/Parish.

If tuition for the current 2016-2017 school year is not paid in full by May 1, 2017, a meeting with the business manager and/or pastor is required prior to the beginning of the 2017-2018 school year. Your child will not be enrolled into St. Clare Catholic School for the 2017-2018 school year until this meeting has taken place and an acceptable resolution has been agreed upon. Failure to follow this procedure will result in forfeiture of all registration fees.

St. Clare School Parent Involvement Statement: I have read and understood that as a parent of a student at St. Clare Catholic School, I am expected to contribute volunteer hours to support school activities and programs.

Signature of Parent/Guardian

Date

Please attach the following documents to this registration form:

Non-Refundable Registration Fee for **3K through 8th grade students**. Checks should be made payable to St. Clare Catholic School.

\$ 75/Student

\$ 150/Family

For **New Students** to St. Clare Catholic School

Copy of Birth Certificate

Copy of Baptismal Certificate (If applicable)

Copy of First Communion Certificate (If applicable)

<i>For Office Use Only</i>				
	Registration Fee	Birth Cert.	Baptismal Cert.	First Communion Certificate
Date Received				
If you have chosen not to send your child to St. Clare, please let us know why by checking the boxes that apply.				
Student Name: <input type="checkbox"/> Financial <input type="checkbox"/> Academics <input type="checkbox"/> Faculty/staff <input type="checkbox"/> Administration <input type="checkbox"/> Other				