

Family Registration

Seton Regional Catholic School and Mother Seton Preschool

Father _____

Mother _____

Are Parents married? Yes or No

If parents are not married, each parent is required to complete a separate registration form, contact information form, and tuition contract.

Enrolling in Mother Seton Preschool:

Child Last First	M or F	Birthdate	Religion	Three or Five Days Per Week (Please circle days)
				Monday Tuesday Wednesday Thursday Friday
				Monday Tuesday Wednesday Thursday Friday
				Monday Tuesday Wednesday Thursday Friday

Enrolling in Seton Regional Catholic School (K-8):

Child Last First	M or F	Birthdate	Grade Entering	Previous School	Religion

(over)

Contact Information *Please print*

Father's Name	
Cell Phone	
e-mail	
Employer	
Work phone	
Home Address	
Home Phone	
Parish	

Mother's Name	
Cell Phone	
e-mail	
Employer	
Work phone	
Home Address <i>(if different)</i>	
Home Phone	
Parish	

**TUITION PAYMENT CONTRACT
2018-2019 SCHOOL YEAR**

Mother Seton Preschool

If parents are not married, or if another family member is contributing, each individual responsible for tuition must complete this form and indicate the percentage of tuition for which they are responsible. Please see the Tuition Policy for details

This contract must be returned to the school office with your school registration form and fees. School registration is not complete without a selected method of tuition payment.

NAME OF RESPONSIBLE PARTY _____

Names of children _____

Tuition for the 2017-2018 school year will be paid by (check one):

_____ OPTION 1 Single Payment due on or before AUGUST 1, 2018 paid to the rectory of your parish. A discount of \$100 is offered with this option.

_____ OPTION 2 FACTS Monthly Payment Plan by credit card or ACH. Payments budgeted over 11 months beginning August, 2018. Payments can be made on either the 5th, 10th, 15th, or 20th the month. The FACTS missed payment due to insufficient funds is \$30.

PLEASE INITIAL ONE OF THE STATEMENTS BELOW:

_____ By signing this Contract, I agree that I am responsible for the total amount of tuition due for the 2018-2019 school year according to the above checked option.

OR

_____ By signing this Contract, I agree that I am responsible for _____% of the total amount of tuition due for the 2018-2019 school year according to the above checked option.

RESPONSIBLE PARTY SIGNATURE

DATE

Return forms and registration fees to Seton Regional Catholic School Office.