

Parent Grade Request:

Preschool:	AM	3 DAY
Mark with X	PM	5 DAY

St. Joseph's School

RETURNING Students Registration Form 2012 – 2013

901 W. 4th Avenue, Kennewick, WA 99336 (509) 586-0481, FAX # 585-9781

Child Care, Montessori Preschool and K – 8th School

(PLEASE PRINT)

Students Name: _____ Entering Grade: _____

Students Name: _____ Entering Grade: _____

Students Name: _____ Entering Grade: _____

Students Name: _____ Entering Grade: _____

Students Name: _____ Entering Grade: _____

Students Name: _____ Entering Grade: _____

Student(s) live with: (X) Parents _____ Mother _____ Father _____ Guardian _____

Child care needed: YES / NO If "YES", what time/days: _____ BASIC needed: YES / NO AM/PM

Father/
Guardian First _____ Last _____

Address _____

City _____ State _____ Zip _____

Home# _____ Cell# _____

Email Address _____

Religion _____

Parish _____

Occupation _____

Employer _____

Business Phone _____ Ext _____

Mother/
Guardian First _____ Last _____

Address _____

City _____ State _____ Zip _____

Home# _____ Cell# _____

Email Address _____

Religion _____

Parish _____

Occupation _____

Employer _____

Business Phone _____ Ext _____

FOR OFFICE USE ONLY:

- Registration Form Complete
- Registration Fee Paid SJS
- Registration Fee Paid C Center
- Smart Tuition Complete

- C Center Packet Given
- Immunization Current/Received
- CO/Date

St. Joseph's School Commitment Contract 2012-2013

This form must be completed and returned along with your non-refundable Registration Fee of **\$160** per student for grades Kindergarten through 8th grade and/or **\$100** Registration Fee for each preschool student.

Family Name: _____ Number of Students K-8: _____ #Preschool: _____
Registration Fees: \$ _____ Preschool Tuition \$ _____ K-8 Tuition \$ _____
Total Tuition: \$ _____

Please note that payments for child care at St. Joseph's Children's Center will be invoiced and paid separately from school tuition.

Please initial each box to indicate your agreement with the St. Joseph's School Commitment Contract.

- I agree to pay** tuition for the 2012-2013 school year in the amount stated above as follows (**one line must be checked**).
- ____ I will pay the total tuition amount of \$ _____ by **August 31, 2012**. (A 3% discount will apply if full payment is received.)
- ____ I will make 10-equal monthly payment of \$ _____ beginning September 1, 2012 and ending June 1, 2013.
- I will attend** one St. Joseph's School Orientation Fair event in the fall.
- I will donate** \$100 or obtain an auction item valued at \$100 or more by December 14, 2012.
- I will work** 30 hours of service (15 hours for Preschool only families) with half of the required service hours in one or more of the following fundraising events:
- ____ Art & Wine ____ Fun Run ____ Annual Appeal ____ Scrip Program ____ Yard Sale

I have read the Commitment Contract and I understand that I have a moral and legal obligation to fulfill my responsibilities. I further understand that failure to comply with the payment schedule outlined in the Commitment Contract may result in loss of eligibility for attending or re-registering for the following year. Failure to pay any amount, pursuant to this agreement, within 10 days after it is due, will be considered a default of this agreement. This Agreement is to be interpreted under the laws of the State of Washington, venue for any action brought as a result of a breach of this Agreement shall be in Benton County District Court and the prevailing party shall be entitled to its' attorneys fees, actual costs and court costs.

I have read the Commitment Contract and both sides of the Information Sheet attached and my signature and initials indicate agreement with the 2012-2013 above mentioned financial and service commitment plan.

Financially responsible person (**please print**): _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Signature of Parent/Guardian if different from above: _____