



St. Francis of Assisi

— CATHOLIC SCHOOL —

2270 East Stadium Boulevard, Ann Arbor, MI 48104

STUDENT REGISTRATION/TUITION CONTRACT 2016-2017
CURRENT FAMILIES - DUE: MARCH 1, 2016

KINDERGARTEN REGISTRATION: Please indicate your session preference:
Full Day____ OR Half Day____

STUDENT(S) INFORMATION: PLEASE PRINT

STUDENT(S) LAST NAME_____ *HOME PHONE NUMBER(____)_____

*ADDRESS_____

Street City Zip County

E-MAIL ADDRESS_____ (mom)_____ (dad)_____

STUDENT(S) RELIGION_____ REGISTERED AT_____ CHURCH_____

SCHOOL DISTRICT WHERE STUDENT LIVES: Washtenaw____ Other_____

LANGUAGES SPOKEN AT HOME_____

STUDENT(S) ETHNICITY: Hispanic or Latino____ Non-Hispanic or Non-Latino____

STUDENTS(S) RACE (Choose **one or more**): ☐ Native American/Alaskan ☐ Asian ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White

GRADES K - 8

NAME OF CHILD/REN (FIRST, MIDDLE)	BIRTH DATE	GENDER	GRADE in SEPT. 2016
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN INFORMATION: PLEASE PRINT

NAME_____	NAME_____
ADDRESS_____ (If different than above)	ADDRESS_____ (If different than above)
RELATIONSHIP_____	RELATIONSHIP_____
RELIGION_____	RELIGION_____
*EMPLOYER_____	*EMPLOYER_____
*WORK PHONE NUMBER_____	*WORK PHONE NUMBER_____
*CELL PHONE NUMBER_____	*CELL PHONE NUMBER_____
WHO SHOULD BE CONTACTED FIRST IN CASE OF EMERGENCY?_____	
GUARDIANS IN HOME: BOTH PARENTS____ MOTHER____ FATHER____ OTHER____	

EMERGENCY CONTACT INFORMATION: PLEASE PRINT

List someone other than yourself, who agrees to care for your child if he/she becomes ill and you cannot be reached. Please use someone local, within a 30-mile radius. Please e-mail additional names (authorized to pick up your child/ren) to the school office.

NAME_____	NAME_____
*CELL PHONE NUMBER_____	*CELL PHONE NUMBER_____
RELATIONSHIP TO CHILD_____	RELATIONSHIP TO CHILD_____

IF I CANNOT BE REACHED, I AUTHORIZE MY PHYSICIAN OR ONE OF THE ABOVE PERSONS TO ASSUME CARE OF MY CHILD IN CASE OF A MEDICAL EMERGENCY: *PHYSICIAN'S NAME/PHONE NUMBER_____

*HOSPITAL_____ *HEALTH CARE PLAN_____

CHECK ONE OF THE FOLLOWING:

____ I REQUEST EMERGENCY MEDICAL SERVICES WITHOUT PRIOR NOTIFICATION

____ I REQUEST NO MEDICAL TREATMENT TO BE GIVEN TO MY CHILD BECAUSE OF RELIGIOUS REASONS AND WAIVE ALL CLAIMS FOR FAILURE TO PROVIDE MEDICAL SERVICES.

***Please inform school or update your MSP account when changes to this information occur.**

REGISTRATION/TUITION CONTRACT 2016-2017 (CONT.)

TUITION POLICY 2016-2017: Actual cost of educating one (1) student is \$7,531.00.

Tuition is the main source of educational program funding at St. Francis School. Tuition payments are due by the 15th of each month so that payroll and instructional obligations can be met on time. Student classes and electives will not be assigned for 2016-2017 unless tuition, fees and minimum stewardship payments are current.

TUITION for 2016-2017:

Check the appropriate tuition level, based on Guidelines found below.

Half-Day Kindergarten:

Each child:

Number of Children

1

2

3

4

5

IN PARISH

☐ \$ 2,700

☐ \$ 5,200

☐ \$ 9,300

☐ \$13,300

☐ \$15,300

☐ \$17,400

OTHERS

☐ \$ 4,050

☐ \$ 7,900

☐ \$14,800

☐ \$21,700

☐ \$26,500

☐ \$31,400

Office Use, Only

TOTAL TUITION

\$ _____

MONTHLY PAYMENT

\$ _____

ALSO NOTE: The following fees are due with registration: ☐ \$200 family registration ☐ \$30 supply per child ☐ \$100 technology per child.
☐ The \$100-technology fee per child (max of \$300 per family) may be rolled into tuition if not paid at this time. Add to tuition, please.

GUIDELINES:

- A. All families pay either the in-parish or other tuition rate.
- B. Families qualify for the in-parish rate by being active members of St. Francis Parish. An active parish member meets the following criteria established by our Finance Council:
 - One or both members of a couple are practicing Catholic(s).
 - The family is registered in St. Francis of Assisi Parish.
 - The family contributes to the financial support of the parish with a minimum contribution of \$25.00 per week (\$109/month) and donates time/talents.
- C. Should the above criteria **not** be met, the family will be charged the other tuition rate.
- D. First tuition payment is due **August 15, 2016**; final payment is due **May 15, 2017**. There is a \$30 late fee per month for payments received after the due date and a \$30 fee for returned payments. Tuition must be paid in full for each semester your child attends, in order to be re-admitted for the following semester.

BOTH PARENTS MUST SIGN, IF APPLICABLE

 PARENT/GUARDIAN SIGNATURE

 DATE

 PARENT/GUARDIAN SIGNATURE

 DATE

I agree to accept the policies, rules and regulations of St. Francis of Assisi Catholic School as well as all terms contained in this contract and the payment schedule set forth herein.

NEW FAMILIES ONLY: Social Security Numbers (SSNs) are mandatory for the parent(s) with whom the child resides.

_____ Father

_____ Mother

_____ Guardian

NON-CATHOLICS ONLY -- I clearly understand that my child/ren will be educated according to Christian values and principles and the child/ren will participate in the Catholic religion program of the school. _____ / _____ (parents' initials)

Office Use only:

Date received _____ Deposit received _____ Forms received ☐

(All information is confidential and used by school office and parish office staff, only.)