

**St. Rose of Lima Catholic School  
Family Registration Form  
2015-2016 School Year**

**Family Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

We wish to enroll our child/ren in St. Rose of Lima School for the 2015-2016 school year in the following grades:

STUDENT NAME	BIRTHDATE	GRADE 15-16

**Pre-School Program:** Students must be 4 by August 1, 2015 to enroll in our Kindergarten Bound Program or 3 by August 1, 2015 to enroll in our Lion Cub Program Please provide a copy of your child's birth certificate and immunization record **with this form** for registration to be complete.

**Kindergarten:** Students must be 5 by August 1, 2015 to enroll in our Kindergarten Program. Please provide a copy of your child's birth certificate and immunization record **with this form** for registration to be complete.



**PAYMENT PREFERENCE**

Please check the choice that applies to your family:

\_\_\_\_\_ Parishioners at St. Rose Catholic Church or Holy Trinity Catholic Church

\_\_\_\_\_ Non-Parishioners

Please check the payment plan that you intend to use for the 15-16 school year:

\_\_\_\_\_ **Payment in full:** This single payment due on or before July 1, 2015 may be made directly to the school. There is a 2.5% discount for utilizing this option! **Note: If payment is not received by the school on or before the due date, then payments must be made through FACTS.**

\_\_\_\_\_ **Payment through FACTS:** This option includes 12 monthly payments, beginning in July 2015, deducted automatically from the account of your choice on either the 5<sup>th</sup> or the 20<sup>th</sup> of the month. If you have been previously enrolled in Facts, St. Rose will update your tuition and automatically begin your payment plan in July 2015.

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My child is expected to qualify for either the SGO or the VOUCHER: (Please circle one.)

**YES or NO or I need more information, please.**

**I agree to make tuition payments for the 15-16 school year according to the option I have selected above. I have read the school Tuition Policy regarding payment and agree to abide by this policy.**

\_\_\_\_\_ Responsible Party's Signature

\_\_\_\_\_ Date

Non-Refundable Registration Fee is \$100 per family due with this form.

Book/Technology Fee is \$125 per student due in August.

<b><u>FOR OFFICE USE ONLY</u></b>
Registration Fee: Cash Check #_____
Book/Technology Fee: Cash Check #_____
Tuition: _____

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