

Saint Mary Magdalen Catholic School

Registration Form 2016-2017

Please note that forms not filled out in full will be returned. This includes, but is not limited to, providing your child's Social Security Number.

Family Name _____ Date ____/____/____

Mother/Guardian Name _____ Home Phone _____

Address _____ Zip Code _____

Occupation _____ Work Phone _____

Cell phone # _____ E-mail address _____

Father/Guardian Name _____ Home Phone _____

Address _____ Zip Code _____

Occupation _____ Work Phone _____

Cell phone # _____ E-mail address _____

Please fill out completely:

Parish _____

Public School District _____

Public School _____

<u>Child's Name</u> (registering @ STMM youngest to oldest)	<u>Entering Grade</u> JrK or K-8 th	<u>Birthdate</u> mm/dd/yyyy	<u>Gender</u> M/F	<u>Social Security #</u> (required)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For Office Use Only:

Registration Fee (\$200/family) Date Paid _____ Amt Paid _____ Ck # _____ Red By _____

Milk Card (\$30/each) Date Paid _____ Amt Paid _____ Ck # _____ Red By _____

Saini Mary Magdalen Catholic School
2016 - 2017 Tuition Contract Form

Thank you for registering your child(ren) for the 2016-2017 school year at Saint Mary Magdalen Catholic School. Please print; all information must be filled in.

Family Name: _____
Parent(s) Name: _____
Address: _____
City, State, Zip: _____
Email Address: _____

Home Phone: _____ Cell Phone: _____

Name(s) of child(ren) and grade(s) entering (use Pre-School 3 or 4, K, 1,2,3,4,5,6,7 or 8 in Grade spot) in August 2016:

_____ Grade / _____ Grade
_____ Grade / _____ Grade

Religion: _____ Church: _____ Registered Parishioner: Yes No

Please indicate if you are choosing part-time for Pre-School 3-year-olds Yes No

Payment Plan Choice: This must be filled in.

Please indicate your choice for payment of tuition for the 2016-2017 school year:

- Option 1 - Single Payment Plan for tuition due on July 1, 2016
 Option 2 - Two Payment Plan for tuition due on or before July 1 & Dec. 1
 Option 3 - Eagle Bank Four Payment Plan due on

July 20, Sept. 20, Dec. 20 & Mar. 20

(Eagle Bank will process a one-time yearly set-up fee of \$35 upon receipt of contract)

Option 4 - Eagle Bank Monthly Payment Plan-tuition budgeted over 11 months starting July.

(Eagle Bank will process a one-time yearly set-up fee of \$35 upon receipt of contract)

Note: Eagle Bank contract not completed by April 1st or changes in Payment Plan Options after April 1st will incur a processing fee of \$50. Families who leave mid-quarter are required to complete tuition payments for the quarter.

Responsible Party for Payment Plan: _____

Address: (if different from above) _____

Home Phone _____ Cell _____ Work _____

Email Address _____

I agree to the above conditions for my child(ren) to enter Saint Mary Magdalen Catholic School.

Signature of Parent or Guardian _____

For questions concerning any of the above information, please contact Judy Chiodini at 314-503-3793 or judychiodini@hotmail.com

For Office Use Only: Date Received _____ By _____