

# St. Stephen School

To Love, To Inspire – To Achieve!

Discipleship Embodied · Partnership Embraced · Scholarship Celebrated · Leadership Modeled · Citizenship Personified

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

Address: \_\_\_\_\_

The definition of a parishioner in good standing is a family or individual that is formally registered at their parish community, worships at their parish church, supports it financially on a regular basis, participates in the life of the parish community through involvement in church programs, activities, and/or church ministries. Fulfillment of the above qualifies a family as an active parishioner at St. Stephen Parish.

## Tuition, Registration, & Scrip Fee Schedule

(Please clearly circle/mark your Tuition, Scrip & Payment options)

Registration Fee Pre-K-Grade 8: \$70.00/child by Mar.15<sup>th</sup> \$85.00/child after Mar.15

**2010-2011 Kn. - Gr. 8 Tuition rate per student: \$2,435.00**

No. of Students:	1	2	3	4	each add'l
Tuition	\$2,435.00	\$4,870.00	\$7,305.00	\$9,740.00	
Multiple Child Discount	n/a	(\$ 800.00)	(\$2,100.00)	(\$3,600.00)	
<b>Discounted Tuition</b>	<b>\$2,435.00</b>	<b>\$4,070.00</b>	<b>\$5,205.00</b>	<b>\$6,140.00</b>	<b>\$775.00</b>
10 Payments (Aug-May)	\$ 243.50	\$ 407.00	\$ 520.50	\$ 614.00	
12 Payments (June-May)	\$ 202.92	\$ 339.17	\$ 433.75	\$ 511.67	
Annual Payment (-2%)	\$2,386.30	\$3,988.60	\$5,100.90	\$6,017.20	

## 2010-2011 4 Yr. Old Pre-Kindergarten Program

#1-5 Day PK 4 All Day/Child	\$3,215.00	\$3,150.70(annual)	\$321.50 (10)	\$267.92 (12)
#2-5 Day PK 4 AM/Child	\$2,035.00	\$1,994.30(annual)	\$203.50 (10)	\$169.59 (12)
#3-5 Day PK 4 PM/Child	\$2,035.00	\$1,994.30(annual)	\$203.50 (10)	\$169.59 (12)

### Each Family Must Select One Scrip & One Payment option:

**Scrip Opt-In:** \_\_\_\_\_ I/We Choose to purchase Scrip to earn a \$250.00 net profit 7/1/10-5/1/11.

(Obligation to be met by 5/1/11 periodic statements will be provided.)

**Scrip Opt-Out:** \_\_\_\_\_ I/We Choose to pay \$25.00 per month or \$250.00 per year in lieu of program participation this will be billed & paid with my tuition.

**Payment Options Available:** (Please be sure to circle your choice above & check one below.)

\_\_\_\_\_ **Annually:** One payment due by August 15, 2010 to receive 2% discount.

\_\_\_\_\_ **Monthly:** Ten equal payments (Aug-May) or Twelve equal payments (May-June) through direct debit of checking or savings account via FACTS Tuition Company.

\_\_\_\_\_ Please continue my current enrollment in Facts all information is the same.

\_\_\_\_\_ Ten Monthly FACTS Payments

\_\_\_\_\_ Twelve Monthly FACTS Payments

### PLEASE COMPLETE THIS SECTION

I agree to abide by the terms of the Tuition Payment Option selected above. I understand that tuition covers only part of the educational cost, which is more than \$4,600.00 per student, and that the rest of the cost is covered by a Parish Investment and various fundraising events. I further understand that in accordance with the Tuition Policy of St. Stephen School, if tuition or Scrip Fundraising is overdue student exam grades will not be recorded and report card and transcripts will be withheld, and that this may result in a request to remove my child(ren) from St. Stephen School.

**NAME (please print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
(Please complete both sides, return top copy, and retain 2<sup>nd</sup> copy for your.)

How did you learn about SSS? SSS was recommended by \_\_\_\_\_

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## ST. STEPHEN SCHOOL 2010– 2011 STUDENT REGISTRATION INFORMATION

### I. STUDENT INFORMATION 2010-2011

Last Name, First Name	GRADE	Male/ Female		Date of Birth	New Student	
		M	F		Y	N
1. _____	_____	M	F	__/__/__	Y	N
2. _____	_____	M	F	__/__/__	Y	N
3. _____	_____	M	F	__/__/__	Y	N
4. _____	_____	M	F	__/__/__	Y	N
5. _____	_____	M	F	__/__/__	Y	N
6. _____	_____	M	F	__/__/__	Y	N

### II. FAMILY INFORMATION:

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

Street Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_, NY ZIP \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family E-Mail: \_\_\_\_\_

	Father	Mother
Parent First Name:	_____	_____
Phone (Home)	_____	_____
Phone (Work)	_____	_____
Phone (Cellular)	_____	_____
E-Mail Address:	_____	_____

**ALTERNATE BILLING INFORMATION: Complete only if different than Family Section  
(Important: If paying monthly, a FACTS form must accompany all new registrations.)**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_

**REGISTRATION FEE – The Payment made at time of registration is Non-Refundable.**

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**OFFICE USE ONLY**  
 ID# \_\_\_\_\_ Annual Tuition Rate: \$ \_\_\_\_\_ 10 Month Tuition Rate: \$ \_\_\_\_\_ 12 Month Tuition Rate: \$ \_\_\_\_\_

Scrip In \_\_\_\_\_ Scrip Out \_\_\_\_\_ Annual Scrip Rate: \$250.00 Monthly Scrip Rate: \$ 25.00

Registration Fee Paid \$ \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Cash/Check# \_\_\_\_\_ Initials \_\_\_\_\_

Current FACTS Re-Enrollment Confirmed: Yes No New FACTS Received Yes No