

CORPUS CHRISTI ACADEMY

Sacred Heart of Jesus Parish

Saint Clare Parish

Please print clearly in black or blue ink.

Registration forms are to be submitted to Corpus Christi Academy Office.

Parent Name _____

Student Last Name _____

Pre-Kindergarten Registration Agreement 2018-2019 School Year

Registering as Parishioner: () Sacred Heart of Jesus () St. Clare () Holy Rosary **OR**
() Non-Parishioner

Registering as: () Catholic () Non-Catholic

Registration is complete ONLY upon following:

- (1) Tuition payments are current for 2017-2018 with Corpus Christi Academy.
- (2) Payment of **\$100 per student must** accompany this Agreement. Registration Fee is **non-refundable.**
- (3) Corpus Christi Academy and Parish Business Office review for accuracy and completeness.
- (4) Immunizations and Physical (required for all Pre-Kindergarten students)
- (5) Birth Certificate, Baptismal Certificate (if applicable) (new students)

Father/Guardian Information

() Custodial () Non-Custodial

Name _____

Address _____

E-mail _____

Phone _____

(Please mark preferred phone)

Mother/Guardian Information

() Custodial () Non-Custodial

Name _____

Address _____

E-Mail _____

Phone _____

(Please mark preferred phone)

Student Information

Name (First & Last)

Date of Birth

Grade 2018-19

N (New) or R (Return)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CORPUS CHRISTI ACADEMY
2018-2019 Pre-Kindergarten Tuition and Fees

	5 day Half Day Pre-Kindergarten	5 day Full Day Pre-Kindergarten
Tuition	2,200	3,500
Registration fee (per student)	100	100
Total	2,300	3,600

Total Tuition and Fees I agree to pay (from above): _____

Less Registration Fee required with this Application: (_____)

Remaining to be paid: _____

Consequences of non-payment of tuition:

- * Student may not be permitted to attend classes, after 24 hour notification of parent.
- * Corpus Christi Academy may withhold transmission of report cards to student, parent/guardian or any third party.

AGREEMENT TO TERMS:

I (We) understand and agree to comply with this Registration Agreement.

Parent or Guardian

Printed Name: _____ Date: _____

Signature _____

Parent or Guardian

Printed Name: _____ Date _____

Signature _____

Non-Discrimination Policy

Corpus Christi Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, or athletic and other school-administered programs.

Family Name: _____

Number of Students _____ Grade Level (s) _____

Tuition Rate _____

BALANCE OF THIS PAGE - OFFICE USE ONLY

- (a) _____ School Registration Checklist Received
- (b) _____ Review Registration Agreement for completeness
- (c) _____ Registration Fee (\$100/student) Check No. _____ Cash _____
- (d) _____ Parishioner status checked
- (e) _____ Current on tuition payments checked
- (f) _____ Tuition Payment Preference Form completed

Received by _____

Date Received _____

Registration Approved by _____

Date Approved _____

FOR OFFICE USE ONLY

Tuition _____

Reg/Tech Fee _____

Balance _____

CORPUS CHRISTI ACADEMY

5655 MAYFIELD ROAD

LYNDHURST, OHIO 44124

PRE-KINDERGARTEN TUITION PAYMENT PREFERENCE FORM -2018-2019

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

STUDENT(S) NAME _____ GRADE(S) 2018-2019 _____

Pre-Kindergarten Tuition Rates 2018-2019

5 day Half Day Pre-Kindergarten (Includes \$100 registration fee)	\$2,300
5 day Full Day Pre-Kindergarten (Includes \$100 registration fee)	\$3,600

Tuition for the 2018-2019 school year will be paid by: (please check one)

_____ **Option 1 – Single payment due on or before July 20, 2018.** *Paid directly to Corpus Christi Academy.* (**\$50.00 discount for Preschool tuition payment** received on or before July 5, 2018)

_____ **Option 2 – Two Payment Plan – due on or before July 20, 2018 and December 1, 2018.**
Paid directly to Corpus Christi Academy.

_____ **Option 3 – FACTS MONTHLY PAYMENT PLAN.** Payments beginning in July 2018 budgeted over 11 months and ending in May 2019. Payments can be made on either the 5th or 20th of the month. This is an automatic withdrawal from a checking or savings account or a monthly charge to a credit card. \$40.00 annual set-up fee applies.

_____ **Option 4 – St. Margaret & Gregory Credit Union pre-approved, interest-bearing loan.** Eleven monthly payments beginning July 20, 2018. ***Please contact the Credit Union directly at 216-691-0242.***

If you choose to pay monthly through the FACTS plan, please complete the FACTS AUTOMATIC TUITION PAYMENT AGREEMENT which will be sent to you after this form is completed.

This form must be returned to the school office by **no later than April 30, 2018**. If no payment plan is indicated or returned to the office, we will assume you are making payment in full by July 20, 2018.

I agree to make tuition payments for the 2018-2019 school year according to the options above.

Parent/Guardian Signature

Date