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				
<u>Pre-Kindergarte</u>	en Registration A	greement 2019-20	20 School Year		
Registering as Parishioner: () Sac () Non-Parishioner Registering as: ()Catholic Registration is complete ONLY upon (1) Tuition payments are current f (2) Payment of \$100 per student in (3) Corpus Christi Academy and Para (4) Immunizations and Physical (ref (5) Birth Certificate, Baptismal Cert	()Non-Catholic on following: or 2018-2019 wit must accompany arish Business Off equired for all Pre	th Corpus Christi Ac this Agreement. Re fice review for accu e-Kindergarten stud	ademy. egistration Fee is <u>non-refundable.</u> racy and completeness. ents)		
Father/Guardian Information () Custodial () Non-Custodi	al	Mother/Guardian	Information () Non-Custodial		
Name		Name			
Address		Address			
E-mail					
Phone		Phone			
(Please mark preferred phone)					
Student Information					
Name (First & Last)	Date of Birth	Grade 2019-20 	N (New) or R (Return)		

CORPUS CHRISTI ACADEMY

2019-2020 Pre-Kindergarten Tuition and Fees

	5 day Half Day Pre-Kindergarten	5 day Full Day Pre-Kindergarten	
Tuition	\$2,250.00	\$3,550.00	
Registration fee (per student)	\$100.00	\$100.00	
Total	\$2,350.00	\$3,650.00	

Total Tuition and Fees I agree to pay (from above):	
Less Registration Fee required with this Application:	()
Remaining to be paid:	
* Student may not be permitted to attend classes, after 24 hour * Corpus Christi Academy may withhold transmission of report of parent/guardian or any third party.	•
AGREEMENT TO TERMS: I (We) understand and agree to comply with this Registration Agreement	ent.
Parent or Guardian	
Printed Name:	Date:
Signature	
Parent or Guardian	
Printed Name:	Date
Cionatura	

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 Stud	lents	Grade Level (s)	
Tuition Rate			
BALANCE	E OF THIS PAGE - OF	FICE USE ONLY	,
(a)	Review Registration Agreemer	nt for completeness	
(b)	Registration Fee (\$100/studen	t) Check No	Cash
(c)	Parishioner status checked		
(d)	Current on tuition payments c	hecked	
	Tuition Payment Preference Fo		
Received by		Date Rece	eived
Registration App	proved by	Date Appro	ved

FOR OFFICE USE ONLY			
Tuition			
Reg. Fee			
Balance			

CORPUS CHRISTI ACADEMY 5655 MAYFIELD ROAD LYNDHURST, OHIO 44124 PRE-KINDERGARTEN PAYMENT PREFERENCE FORM -2019-2020

PARENT/GUARDIAN NAME:			
ADDRESS:			
CITY:	ST/	ATE	ZIP
STUDENT(S) NAME(S)		GRADE	(S) 2019-2020
FACTS Tuition Management provides online pays savings account or charge to a credit card. For the have the opportunity to make tuition payments payment in full) and 2 (2 half payments), paying selecting Option 3 (monthly payments), use of FA	he 2019-2020 school year, Co through FACTS for Options 1 through FACTS is available i	orpus Chri	isti Academy families will . For Options 1 (1
Tuition for the 2019-2020 school year will be paid	l by: (please check one)		
Option 1 – Single payment due on or before received on or before July 5, 2019.) No ann Please check one:I will pay throu	ual enrollment fee if using FA	ACTS.	_
Option 2 – Two Payment Plan – due on or b \$10.00 annual enrollment fee applies if usin Please check one:I will pay through	g FACTS.		
Option 3 – FACTS MONTHLY PAYMENT PLAN and ending in May 2020. Payments can be a withdrawal from a checking or savings accord \$45.00 annual enrollment fee applies.	made on either the 5 th or 20 ^t	of the m	onth. This is an automatic
Option 4 – St. Margaret & Gregory Credit Un Eleven monthly payments beginning July 20 <u>directly at 216-691-0242.</u>		_	
If you are new to the FACTS system, you will need Instructions will be provided. If you are a return Academy office which will then complete the re-ed	ing user of FACTS, please cor		
If this form is not completed and returned to the in full by July 20, 2019.	e Academy office, we will ass	sume you	are making payment
I agree to make tuition payments for the 2019-20	20 school year according to	the option	ns above.
Parent/Guardian Signature		 Date	