



# ST. JAMES SCHOOL

1 Monument Place, STRATFORD CT 06615  
PHONE (203) 375-5994 OR FAX (203)380-0749  
INFO.SJSCHOOL@GMAIL.COM

## RE-REGISTRATION CONTRACT 2012-2013

This re-registration contract is to guarantee your **currently registered** child's/children's seat(s) for next fall and applies only to students who are currently enrolled in PK-7 at St. James. New students for next fall must follow the admissions process – even siblings of currently registered students. If you have a new student to register for the fall, registration packets are available.

**Read, sign & date the form where required and return with the appropriate re-registration fee NO LATER THAN FRIDAY, FEBRUARY 10th, 2012.**

1. We intend to re-register our child/children at St. James School for the 2012-2013 school-year.  
\_\_\_\_ Yes    \_\_\_\_ No

2. Name of Home Parish: \_\_\_\_\_ Envelope Number: \_\_\_\_\_

3. Father/Male Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

4. Mother/Female Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

5. Current parental marital status:  married living jointly  separated  divorced  single/unmarried

6. List below your child/children that **currently** attend St. James PK-3 through 7 for whom you want a seat reserved for the 2012-2013 school-year. **Please do not include any new students.**

<u>NAME(S) OF CHILD/CHILDREN</u>	<u>CURRENT GRADE</u>
_____	_____
_____	_____
_____	_____

7. For enrollment planning purposes, please tell us if you have a child who will be new to St. James next year. **Listing this student below does NOT register him/her for the coming year. You must complete a new student registration packet.**

<u>NAME</u>	<u>GRADE ENTERING</u>	<u>DATE OF BIRTH</u>
_____	_____	_____

8. PLEASE INDICATE SIBLINGS NOT YET OF SCHOOL AGE: (This information is important for future enrollment planning.)

<u>NAME</u>	<u>BIRTHDATE</u>
_____	_____

<u>NAME</u>	<u>BIRTHDATE</u>
_____	_____

9. **PRE-K ONLY FAMILIES:** If you are re-registering your 3-year old for a second year in our Angel Garden Preschool, please indicate which section you would like to place your youngster in next year by

checking the box of your choice (note that only the morning class is an all 4-year old class and that the afternoon classes contain a mix of 3 and 4-year olds):

<input type="checkbox"/>	5-Day morning (8:00 -11:00)	<input type="checkbox"/>	5-Day afternoon program (11:30 – 2:30)
<input type="checkbox"/>	5-Day morning with Aftercare to (8:00-2:00)	<input type="checkbox"/>	3-Day afternoon program (M/W/F 11:30 – 2:30)
<input type="checkbox"/>		<input type="checkbox"/>	2-Day afternoon program (T/Th11:30 – 2:30 )

10. All plans will be administered through the Diocesan mandated SMART Tuition Program. PLEASE SELECT ONE OF THE FOLLOWING TUITION PAYMENT PLANS:

<input type="checkbox"/>	<b>PLAN A</b>	Full year payment due July, 2012
<input type="checkbox"/>	<b>PLAN B</b>	Ten payment plan, July, 2012 through April, 2013
<input type="checkbox"/>	<b>PLAN C</b>	Four payments due July & October, 2012, January & April, 2013
<input type="checkbox"/>	<b>SPECIAL CONCERN</b>	I need to discuss special financial concerns. Please call me at: _____ (provide phone #) or email me at: _____
<b>FINANCIAL AID</b>		To obtain Financial Aid you must complete a Private School Aid Services (PSAS) Student Aid Form. Forms are available in English and Spanish. Please choose option below:
<input type="checkbox"/>		I/We will apply. Please send a paper application in <u>English</u> / <u>Spanish</u> - Circle language choice. These must be mailed directly to PSAS with the processing fee of \$24.
<input type="checkbox"/>		I/We will apply by downloading an application from the St. James website and mail it directly to PSAS with the processing fee of \$24.
<input type="checkbox"/>		I/We will apply by downloading an application from the St. James website and submitting my application electronically to PSAS with a credit card payment of \$24 processing fee paid via MC, Discover or American Express.
<input type="checkbox"/>		I/We will NOT apply for Financial Aid at this time.

I understand that in signing this Re-registration Contract for the upcoming academic year, I am agreeing to accept the rules and regulations of the school as stated in the financial policy and the rules concerning payment of fees as referred to in the policy. Furthermore, I do agree to the policy of the school, which states that students will not receive report cards if tuition is not current, no student exams will be scored, no grades or transcripts will be released and that student(s) will not be allowed to take part in graduation (K&8), unless my account has been paid in full. I also agree to pay any late fees due on my account if the payment is late according to the tuition policy (after the 1<sup>st</sup> or 20<sup>th</sup> of the month in which the payment is due.) I also agree that if I withdraw my child(ren), tuition is refundable as per the terms set forth in the Tuition and Financial Aid Policy.

To reserve a place for my child/children, **this Re-registration Contract and the appropriate Deposit (as calculated on page 3)** must be received by the school office **no later than February 10<sup>th</sup>, 2012**. This instrument shall be interpreted in accordance with the laws of the State of Connecticut. The deposit for the 2012-2013 school-year is non-refundable. If I have any special financial circumstances at this time that would prevent the submission of the required deposit, I/we will contact Natalia Zamachaj in the business office, at (203) 380-1990 or [nzamachaj.sjschool@gmail.com](mailto:nzamachaj.sjschool@gmail.com).

*Parents or guardians need to sign this Enrollment Contract and return it to the Business Office with the re-registration deposit payable to St. James School.*

**SIGNATURE OF PARENT(S) OR GUARDIAN(S) FINANCIALLY RESPONSIBLE FOR STUDENT(S):**

\_\_\_\_\_  
 \_\_\_\_\_ (date)  
 \_\_\_\_\_  
 \_\_\_\_\_ (date)

## **RE-REGISTRATION DEPOSIT CALCULATION**

Re-registration fees are dependent upon the grade-level(s) that you wish to re-register a child for. Families with children currently in grades K-7, must pay a \$300 per family deposit to hold the spot(s) for next school year. Families who will only be re-registering a child for a second year of preschool must pay \$100 to hold a spot for next year. Parents with children currently enrolled in both categories mentioned above, must pay a \$400 deposit.

Except for those preschoolers that are requesting to be screened for kindergarten, the re-registration deposit is credited towards you next year's tuition. The fee is deducted off the top of your total tuition bill for the 2012-2013 school prior to billing and the balance remaining is split according to the method of payment chosen.

Re-registration deposits are non-refundable. If you choose to withdraw before the start of next year at St. James, your re-registration deposit is forfeited.

The chart below calculates the deposit amount that must accompany your re-registration contract. Please calculate your family's deposit and include it with this form.

<b>CHECK EACH BOXES THAT APPLIES &amp; ADD DOWN THE APPROPRIATE DEPOSIT AT THE RIGHT:</b>	<b>AMOUNT</b>
Re- registering a child or multiple children currently attending Kindergarten through Grade 7.	\$300
Re-registering a child currently attending the preschool to hold a seat for the 4-year preschool class in 2012-2013.	\$100
Current St. James 4-year preschool program student(s) wishing to enter St. James kindergarten for fall 2012. This option requires a kindergarten readiness screening to be administered in March 2012, with a \$100 application fee per child. This fee is <i>not</i> a deposit and, therefore, is no applied to your tuition. It is also non-refundable.	\$100 per child
<b><i>TOTAL DUE WITH FORM</i></b>	<b>\$</b>

### **FOR OFFICE USE ONLY:**

RE-REGISTRATION FEE RECEIVED: \$ \_\_\_\_\_ YES \_\_\_\_\_ DATE \_\_\_\_\_  
 NO \_\_\_\_\_

PAID BY:	RECEIPT/CHECK#
	PERSONAL CHECK # _____
	BANK CHECK/MONEY ORDER # _____
	CASH (receipt must be issued) # _____

Family Name: