



**ST. CATHERINE OF ALEXANDRIA SCHOOL
7025 BROCKTON AVENUE
RIVERSIDE, CA 92506**

**Registration and Tuition Contract
School Year: 2018-2019
Kindergarten – 8th Grade**

Family/Guardian's Name _____

Father's Name _____ Mother's Name _____

Mailing Address _____

City _____ State _____ Zip _____ Home Phone () _____

Father's Employer _____ Work No. () _____ Cell No. () _____

Mother's Employer _____ Work No. () _____ Cell No. () _____

Father's Education _____ Mother's Education _____

Father's email address _____ Mother's email address _____

Father's Religion _____ Mother's Religion _____

Parish/Church Name _____

Father's Ethnic Background _____ Married Yes No Mother's Ethnic Background _____ Married Yes No

Student's Name (Last Name, First Name)	Date of Birth	Religion	Grade in 2018-2019	Last School Attended	(Choose one) Ethnic Background N- Native American Indian, B – Black, H – Hispanic, A – Asian, W – White, P- Pacific Islander
1. SS#:					
2. SS#:					
3. SS#:					
4. SS#:					

Saint Catherine of Alexandria Catholic School is dedicated to providing excellence in Catholic Education. We strive to develop catholic leadership qualities in our students which will prepare them to deal with challenges of life in a Catholic Christian manner. *Parents are the primary educators of their children. Children learn by word and example. What a child sees and learns at home affects what they see and learn in school.* The staff of Saint Catherine of Alexandria Catholic School is well qualified to teach, but the task to educate your child/children should not be solely dependent on the staff. Parents are an integral part of educating their children. Staff and Parents are collaborators in ensuring that your child/children will gain spiritual, educational and personal growth. **That is why we ask parents to pledge to uphold the following:**

Please initial each item to indicate your acceptance as part of this Tuition Contract:

_____ I/we will promote Catholic values by practicing the faith through words and actions (e.g. regular attendance of weekend and Holiday of obligation Mass and Sacraments. (If not Catholic- I/we will support the religious education and training my child/children will receive at SCOA School.)

_____ I/we will promote high integrity and positive moral values by actions reflecting support for the mission, spirituality, and administrative direction of SCOA School.

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_____ I/we will be actively participating in the various fundraising programs and activities, SCRIP program and volunteer service hours **15** (for single parent) or **30** (per family) to the school.

_____ I/we will ensure **timely payment of Tuition and Fees** to the school.

TUITION & FEES SCHEDULE

Tuition:

Single child = \$5,750 2 children = \$10,100 3 children = \$13,275 4 children = \$14,800 5 children = \$16,800
SCA Parishioner (must be registered & active for a year-volunteering or contributing) = \$300 discount per family

Tuition Payment Type (Please check):

_____ **PREPAID** in full by **August 17, 2018 (SAVE \$ 100.00)**

_____ **FACTS Tuition Management Services, Mandatory payment plan**
(For FACTS Tuition Payment Plan: ONLINE SIGN-UP & check which payment plan)

___ 9 month payment plan (payment starts **9/2018**) ___ 10 month payment plan (payment starts **8/2018**)

___ 11 month payment plan (payment starts **7/2018**)

Other Tuition Requirements:

Required: SCRIP or SCHOOL Raffle: \$400 per family
(50% completed by January 31, 2019)

Service Hours: 15 single parent/ 30 per family (\$75 per service hour not completed)

Bishop's Golf Raffle: 10 tickets = \$100 per family
(Completed by November 16, 2018)

(Mandatory: 10 hours minimum at Festival)

Fees Due upon Registration:

		TOTAL
Registration/Student Fee (Non-Refundable fee) \$350 per student	___ student(s)	\$ _____
Graduation Fee (8th Grade only) \$100 per student	___ student(s)	\$ _____
Grand Total Due		\$ _____

PAYMENT: Check No. _____ Amount \$ _____ Cash \$ _____

I/We have read St. Catherine of Alexandria Catholic School Tuition Policy for school year 2018-2019. I/We understand the provisions stipulated on this contract constitute our financial obligation to the school. **I/We understand that if I/We fail to comply with this contract, our student's records, report cards and transcript of records will be held until we have complied with this agreement. I/We understand that our account must be current at the end of each school trimester for student(s) be allowed to take trimester/final exams and to continue attending school.** I/We shall comply with all Diocesan and school policies and regulations as set forth in the Parent Handbook.

If I/We withdraw the student (s) before the end of the school term, we understand that the following penalty is due and payable to the school: Additional one (1) month tuition payment will be due upon withdrawal. (e.g. if you withdraw student(s) in Dec-2018, you will have to pay for Dec-2018 and Jan-2019 tuition to the school).

I have read, understand and agreed all the terms as stipulated on this contract. **(Please sign below).**

Parent/Legal Guardian Signature **Date**