



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

**Registration and Tuition Contract  
School Year: 2017-2018  
Kindergarten – 8<sup>th</sup> 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 2017-2018	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 = \$5,450    2 children = \$9,650    3 children = \$12,900    4 children = \$14,500**

**SCA Parishioner (must be registered & active for a year) = \$300 discount per family**

**Tuition Payment Type (Please check):**

\_\_\_\_\_ **PREPAID** in full by **August 15, 2017 (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 **9/2017**)    \_\_\_ 10 month payment plan (payment starts **8/2017**)

\_\_\_ 11 month payment plan (payment starts **7/2017**)

**Other Tuition Requirements:**

**Required: SCRIP or SCHOOL Raffle: \$400** per family  
(50% completed by **January 31, 2018**)

**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 17, 2017**)

(Mandatory: **10 hours minimum** at Festival)

**Fees Due upon Registration:**

			<b>TOTAL</b>
Registration/Student Fee ( <b>Non-Refundable fee</b> )	<b>\$350 per student</b>	___ student(s)	\$ _____
Graduation Fee ( <b>8<sup>th</sup> Grade only</b> )	<b>\$ 75 per student</b>	___ student(s)	\$ _____
		<b>Grand Total Due</b>	\$ _____

**PAYMENT:** Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

I/We have read St. Catherine of Alexandria Catholic School Tuition Policy for school year 2017-2018. 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-2017, you will have to pay for Dec-2017 and Jan-2018 tuition to the school).

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

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Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_