St. James School
120 Water Street
Danielson, CT 06239

Re-registration Contract for Current Families 2017-2018

Please return this form, along with the registration fee to the school office by April 3, 2017 so that the student seat(s) is/are reserved.

This contract between St. James School and the parent(s)/guardian/financially responsible party for payment of tuition and fees, for the child(ren) named below, sets out the financial obligation in order to enroll and maintain the enrollment of the students listed below. The parent(s)/guardian/financially responsible party enters into this financial agreement freely and with the understanding that this contract is a legal obligation.

It is my intention for the child(ren) listed to attend St. James school in the 2017-2018 school year. I intend to follow all the rules and policies of St. James School regarding payments:

⇒ The registration fee is $150 for each returning family and is due along with the registration form.

⇒ Any outstanding balance owed for any previous school year must be paid by May 1, 2017 or your child(ren) may not be able to attend St. James School in the fall.

⇒ If you wish to be considered for the available scholarships, an online FACTS Grant and Aid Application for the 2017-2018 school year must be completed by March 6, 2017 and if Catholic, you must be registered within your parish and using donation envelopes to show attendance.

⇒ Each family is required to be involved in the advancement activities that financially help support the school, and is expected to generate $500 in fundraising sales including volunteer hours.

⇒ All Families of St. James School Students must volunteer 10 hours of service at fundraising events throughout the school year.

By signing below, I understand and agree to all the terms and conditions listed above, and I acknowledge that I have reviewed the current financial policies available on the St. James School website.

PLEASE COMPLETE THE ENTIRE FORM:

Responsible Party (s):_____
First Name Last Name Circle One: Mother Father Guardian

Home Address:_____
Street City State Zip

Home Telephone:_____ **Cellphone:**_____ **Email:**_____

Are there any custody issues of which St. James School should be aware? ___Yes ___No If Yes, please explain:
_____

Affiliated Parish (if applicable):_____

Signature:_____ **Date**_____

Please Print Clearly	
Child's First and Last Name	Grade for 2017--2018

Tuition 2017-2018	**K-8 Catholic**	**K-8 Non-Catholic**
1 students	$3900	$4400
2 students	$7000	$8000
3 students	$9300	$10,800

Preschool Tuition 2017-2018	5 Full Days	5 Half Days	3 Full Days	3 Half Days
	$6000	$3720	$4600	$2720

For Office Use Only:

*Registration Fee: $*_____

*Check #*_____ *Cash*_____

Date: _____ *Time:*_____

I intend to apply for the following tuition assistance programs (check all that apply): ___Catholic Foundation
___St. James Endowment ___Friends of La Salette