

Holy Name Catholic School 121 South Connor St Sheridan, WY 82801 Office 307-672-2848 Fax: 307-673-4474	2018-2019 Registration/Enrollment form Pre-kindergarten – Eighth Grade	FOR OFFICE USE ONLY Date received: _____ Business Manager: _____ School Office: _____ Accountant: _____
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Today's Date: _____ Registered in the Parish: Yes No

A. Information Section

FAMILY LAST NAME _____

Student First Name	Last Name (if different from family name)	Grade for 2018-19
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

AFTER CARE YES NO Notes: _____

NAME OF PERSON(S) RESPONSIBLE FOR TUITION PAYMENTS: _____

Mailing address: _____
 Street PO BOX City/State/Zip

FOR OFFICE USE ONLY

Non-Refundable Pre-Registration fee \$100 per student. Date Paid: _____ CASH _____ CHECK & CHECK # _____ CREDIT CARD _____

Staff Signature: _____

IN THE EVENT THAT HOLY NAME RECEIVES TWO (2) INSUFFICIENT PAYMENTS BY ACH OR RETURNED CHECK YOU WILL BE RESPONSIBLE AND LIABLE TO MAKE CASH OR MONEY ORDER PAYMENTS. NO EXCEPTIONS

A. Tuition Section

Tuition payment options: please check one

Debit Authorization for Automatic Bank Withdrawal: 10months (begins in September ends in June) Please complete the Debit Authorization information on the next page	<input type="checkbox"/> Annual: entire payment due by September 15, 2018
	<input type="checkbox"/> Semester: Payments due September 2018 & January 2019
	<input type="checkbox"/> Quarter: Payments due Sept., Nov., 2018, Feb., May 2019
	<input type="checkbox"/> Other: Please see option TWO (2) on the back of this form

Tuition / Payment Plan	Tuition Amount(s)	Tuition Amount
Registered parish Student(s) (K-8) \$3,000; \$2,400; \$1,500		\$
Non-registered parish Student(s)(K-8) \$4,150; \$3,320; \$2,075		\$
Pre-K student(s) \$5,100.00		\$
	Total due before deduction(s)	\$
Tuition Assistance Granted (if applicable)	Less	\$
Other	Less	\$
Your Total amount of tuition due for the 2018-2019 school year		\$

Option One (1) DEBIT PLAN: Thank you for choosing to make your tuition payments via electronic debit from your account.

10-month plan ~ September 2018 thru June 2019

Enter the amount of the deduction \$ _____

Deduction will be made on the 5th of each month

Bank/Financial Institution Name: _____

Account Number: _____

Routing Number: _____

Please indicate (circle) whether the account is a **CHECKING** or **SAVINGS** account

I authorize Holy Name Catholic School and the Financial Institution listed above to initiate electronic entry to my account each month. This authority will remain in effect until approved annual tuition is paid in full. I understand that Holy Name Catholic School may initiate a reversal of any entry made under this agreement if an error has been made.

Signature: _____ Date: _____

Option Two (2) MONTHLY PAYMENTS MADE IN THE BUSINESS OFFICE (9 South Connor St)

I, _____, will pay \$ _____ **CASH, CHECK,** or **CREDIT CARD** on or before the fifth (5th) of each month beginning **September 5, 2017** and ending **June 5, 2018**.

September 5, 2018		January 5, 2019		May 5, 2019	
October 5, 2018		February 5, 2019		June 5, 2019	
November 5, 2018		March 5, 2019			
December 5, 2018		April 5, 2019			

I understand this authorization remains in effect for until July 1, 2018. I may modify or rescind this authorization, or any part thereof, at any time by contacting Holy Name Catholic Church Business Office in writing 30 days prior to the cancellation of the agreement.

Signature _____ Date _____

I have read and understand the contents of this commitment form. I agree to all tuition obligations.

Signature of Parent/Guardian: _____

Date: _____