



ST. JAMES SCHOOL

1 Monument Place, STRATFORD CT 06615

PHONE (203) 375-5994 OR FAX (203) 380-0749

EMAIL: INFO@STJAMESSTRATFORD.ORG

RE-ENROLLMENT CONTRACT 2008-2009

This re-enrollment 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 grades K-7 at St. James. New students and those entering kindergarten 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 will be available on Friday, January 25th. *Current Preschool students registering for Kindergarten will not be re-registered via this form this year. For these youngsters, you will need to sign a Kindergarten enrollment commitment and submit an enrollment fee.* Please fill-out all questions with care.

Read, sign & date the form where required and return with the appropriate registration fee NO LATER THAN JANUARY 31, 2008.

1. We intend to re-register our child/children at St. James School for the 2008-2009 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 children that **currently** attend St. James (PreK- grade 7) for whom you want a seat reserved for the 2008-2009 school-year. Please do not include any new students or those entering kindergarten next year.

NAME(S) OF CHILD/CHILDREN

CURRENT GRADE

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

NAME

GRADE ENTERING

DATE OF BIRTH

Continued on page 2

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

NAME	BIRTHDATE
NAME	BIRTHDATE

9. PRE-K ONLY FAMILIES: If you are registering your 3-year for a second year of Preschool at St. James, please indicate which section you would like to place your youngster into 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-year and 4-year olds):

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

10. PLEASE SELECT ONE OF THE FOLLOWING TUITION PAYMENT PLANS:
(check your choice)

- PLAN 1** Full year payment due July 1, 2008
- PLAN 2** Ten payment plan through FACTS (This option does have an annual enrollment fee of **\$38**. Monthly tuition is deducted directly from your checking or savings account.
- PLAN 3** Four payments due July 1, 2008, October 1, 2008, January 1, 2009 and April 1, 2009.

I understand that in signing this Enrollment Contract for the upcoming academic year I am agreeing to accept the rules and regulations of the school as stated in the tuition 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 no student will be permitted to take examinations nor will grades and transcripts be released nor will the student 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. I also agree that if I withdraw my child, 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 Enrollment Contract and the appropriate Reservation Deposit (as calculated on page 3)** must be received by the school office **no later than January 31, 2008**. This instrument shall be interpreted in accordance with the laws of the State of Connecticut. The deposit for the 2008-2009 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 the business office, (203) 380-1990.

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.

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

RE-REGISTRATION DEPOSIT CALCULATION

Re-registration fees are dependent upon the grade-level(s) that you wish to reregister a child for. Families with children currently in grades K-7, must pay a \$300 fee to hold those child(ren)'s spots for next school year. Families who will only be re-registering a three-year old for a second year of Preschool must pay \$100 to hold a spot for the child for next year. Parents with children currently enrolled in both categories mentioned above, must pay a \$400 fee in all.

The re-enrollment fee is considered a deposit and is credited towards you next year's tuition. The fee is deducted off the top of your total tuition bill for the 2008-2009 school prior to billing.

Re-registration fees are non-refundable. If you choose to withdraw or do not matriculate next year at St. James, your re-enrollment fee is forfeited.

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

CHECK THE BOXES THAT APPLY & ADD DOWN THE APPROPRIATE DEPOSIT AT THE RIGHT:	AMOUNT
<input type="checkbox"/> Re-registering a child or multiple children currently attending Kindergarten through Grade 7	300
<input type="checkbox"/> Re-registering a child currently attending the Preschool 3-year program.	100
<i>TOTAL DEPOSIT DUE PER FAMILY</i>	
	\$

FOR OFFICE USE ONLY:

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

PAID BY: _____ PERSONAL CHECK
 _____ BANK CHECK/MONEY ORDER
 _____ CASH

Family name here.