



ST. JAMES SCHOOL

1 Monument Place, STRATFORD CT 06615
PHONE (203) 375-5994 OR FAX (203)380-0749
INFO.SJSCHOOL@GMAIL.COM

RE-ENROLLMENT CONTRACT 2010-2011

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 Pre-K3 and 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 are available. **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 TUESDAY, JANUARY 26th, 2010.

- 1. We intend to re-register our child/children at St. James School for the 2010-2011 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 Pre-K 3 and grades K-7 (not Pre-K 4) for whom you want a seat reserved for the 2010-2011 school-year. Please do not include any new students or those entering kindergarten next year.

| <u>NAME(S) OF CHILD/CHILDREN</u> | <u>CURRENT GRADE</u> |
|----------------------------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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 |
|------|----------------|---------------|

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 old 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 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, 2010
- PLAN 2:** Ten payment plan through FACTS. This option has an annual enrollment fee charged by FACTS, which is currently **\$38**. Monthly tuition is deducted directly from your checking or savings account.
- PLAN 3:** Four payments due July 1, 2010, October 1, 2010, January 1, 2011 and April 1, 2011.
- I would like a Financial Aid Application sent to me upon availability.
- I need to discuss special financial concerns. Please call me at _____.

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 exams will be scored, no grades or transcripts will be released and the student(s) will not 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 (after the 10th of the month in which the payment is due.) I also agree that if I withdraw my child(ren), 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 26, 2010**. This instrument shall be interpreted in accordance with the laws of the State of Connecticut. The deposit for the 2010-2011 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 Natalia Zamachaj in the business office, at (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 per family 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 2010-2011 school prior to billing and the balance remaining is split accordingly to the method of payment chosen.

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 EACH BOXES THAT APPLIES & 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 to hold a seat for the four-year preschool class in 2010-2011. | \$100 |
| <input type="checkbox"/> | Current St. James 4-year Preschool program student(s) wishing to enter St. James Kindergarten for fall 2010. This option requires a Kindergarten Readiness Screening to be administered in March 2010, which requires a \$100 registration fee per child. This option fee is not applied to your tuition. | \$100 per child |
| <i>TOTAL DEPOSIT DUE PER FAMILY</i> | | \$ |

FOR OFFICE USE ONLY:

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

| PAID BY: | RECEIPT/CHECK# |
|----------|---------------------------------------|
| | PERSONAL CHECK # _____ |
| | BANK CHECK/MONEY ORDER # _____ |
| | CASH (receipt must be issued) # _____ |

Family Name: