

Tuition Financial Agreement 2009-2010

St. Peter Catholic School *www.StPeterCatholicSchool.com*

Registration Fee: \$225. per child

Tuition Rates: *Please see associated document "Tuition Schedule 2009-2010" for further explanation of tuition structure and scholarship opportunities.

\$2800. per child K - 5
\$2000. per child Pre-K 4

Amount Due:	Payment made:
Registration Fees: _____	_____
Tuition: _____	_____
TOTAL: _____	_____

*Tuition payments are due on the 1st and considered overdue on the 10th of the month.
*A late charge of \$10 will be assessed on the last day of the month.
*A \$25 fee is charged on any returned checks.
*After 90 days any uncollected past due accounts are turned over to a COLLECTION AGENCY.
*It is required that parents work the two major fundraisers critical to ongoing operation of the school; if you choose not to work the fundraisers, you will be charged the following sum(s):
Barn Dance (\$500) Wine Festival/Golf Tournament (\$200)

Financial plan for tuition (please check one):

- ___ Tuition paid in advance and in full
(Before Start of School in August)
- ___ 10 month plan _____ per month
(August through May)
- ___ 12 month plan _____ per month
(June through May)
- ___ Quarterly _____ every 4 months
(August/November/February/May)
- ___ Tuition Assistance Application submitted

Responsible Party:

Name: _____ Phone: _____

Address: _____

Social Security Number: _____

Signature: _____ Date: _____

By signing this agreement you are committed to the above financial arrangement



St. Peter Catholic School
98 SW Ninth Street
Ontario, OR 97914

Telephone: 541 889-7363
FAX 541 889-2852

Office Use Only:

Reg. Fee pd _____
Agmnt sgnd _____
Reg. Complete _____

Referral _____

St. Peter Catholic School Registration Form

Child's Information:

Grade _____ for 2009 - 2010 Pre-K 4 preference: ___ a.m. ___ p.m.
(8-11 a.m.) (12 - 3 p.m.)

Child's Name: _____ Name preferred: _____ Gender: M F

Place of Birth: _____ Date of Birth: _____

Home Address: _____
Street City, State Zip Code

School Last Attended: St. Peter's: ___ Other: _____
Name of School - City, State and Zip

Child's Faith: _____ Baptized ___ yes ___ no

(New Student Note: If Catholic, please provide a copy of baptismal certificate)

Legal Guardian: ___ Both Parents ___ Mother ___ Father Other: _____

Parent Information:

Father's Full Name: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____

Home Phone: _____

Email: _____

Father's Address: _____
Street City State Zip

Father's Faith: _____

Mother's Full Name: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Home Phone: _____

Email: _____

Mother's Address: _____
(if different from above)

Mother's Faith: _____

Names and ages of siblings:

EMERGENCY INFORMATION

Person(s) to contact in case of an emergency if you cannot be reached:

1. Name: _____ Phone: _____
Relationship to the child: _____

2. Name: _____ Phone: _____
Relationship to the child: _____

Who else has your permission to pick up your child from school?

PLEASE NOTE: We will need proof of identification for these named individuals.

Does your child have any physical limitations, allergies, or other medical conditions which school personnel should know about? no yes Please describe:

Does your child have any life-threatening medical condition that would necessitate a school staff member administering medication, injection or other treatment to prevent death? If yes, please describe: _____

St. Peter School staff is committed to meeting the needs of all students, in so far as possible. There are some conditions, however, for which the school cannot provide the necessary resources,

Does your child take any type of medication on a regular basis? no yes If yes, please describe even if medication is not taken during school hours (should there be a medical emergency medical personnel need this information)

Name of Physician: _____ Phone: _____

I give my permission for St. Peter Catholic School to use my child's photograph in promotion of the school either in newspapers, brochures, or newsletters. yes no

Parent Signature: _____ Date: _____

Other Information:

Ethnic backgrounds with which your family identifies (OPTIONAL):

(Circle your choice)

European-American African-American Asian-American American-Indian Hispanic

Other: _____