

- New Family**
 Re-enrollment
 Re-enroll & Add New
 Adrian
 Tecumseh
 Applying for Financial Aid



Montessori Children's House
 Elementary School
 Middle School

TODDLER: **HALF DAY (AM)** **ALL DAY**

Student Name	Age on Sept. 1st	Date of Birth	Sex	Select one for state-required diversity reporting
_____	_____	_____	_____	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian
_____	_____	_____	_____	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian

PREPRIMARY: **HALF DAY (choose: AM PM)** **ALL DAY**

Student Name	Age on Sept. 1st	Date of Birth	Sex	Select one for state-required diversity reporting
_____	_____	_____	_____	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian
_____	_____	_____	_____	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian

Toddlers and 3 year-olds attending "all day" will nap.
Students ages 4 (in September) or 5 attending "all day" - please choose "nap" or "no nap"

ELEMENTARY/MIDDLE SCHOOL:

Student Name	Grade in Sept.	Date of Birth	Sex	Select one for state-required diversity reporting
_____	_____	_____	_____	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian
_____	_____	_____	_____	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian

Please print	FATHER	MOTHER	GUARDIAN
Last Name			
First Name			
Address			
City/State/Zip			
Home/Cell Phone			
Work Phone			
E-mail Address (circle the one checked most frequently)			
Place of Employment			
Occupation			
Religious Affiliation			
Church Attending			
Marital Status			

The vast majority our families allow the publication of their contact information in a family directory and the posting of photos of their children on our website photo gallery. Please indicate your preference:

DO NOT publish our family address & phone number in the family directory (for school use only)
 DO NOT publish our e-mail address in the family directory (for school use only)
 I allow / **I do NOT allow** photographs of my child(ren) participating in programs at SJA to be reproduced or utilized in various media sources for the school. Copyright belongs to SJA.

- DETACH THIS PAGE AND RETURN WITH ENROLLMENT FEE -

FINANCIAL COMMITMENT 2010-2011



I agree to pay St. Joseph Academy via the FACTS Company the tuition amount of \$_____ for the 2010/2011 school year. **If financial assistance is awarded, tuition will be adjusted accordingly.**

- _____ One full year tuition payment to SJA and enrollment in the FACTS Company ancillary fees program. Annual = \$_____
- _____ Two tuition payments to FACTS and enrollment in the FACTS Company ancillary fees program. Semi Annual = \$_____
- _____ Ten monthly payments to FACTS and enrollment in the FACTS Company ancillary fees program. Monthly = \$_____

All Before and After School Care charges, lunch charges, field trip fees, school apparel, and any other school related fees will be billed to my FACTS account and payable as part of my FACTS ancillary fees agreement. I have completed the FACTS Automatic Tuition Payment Agreement. I understand that I am responsible for the prompt payment of tuition being charged for my child's participation in the school programs

ACCEPTED AND AGREED:

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Principal Signature _____ Date _____

Business Manager Signature _____ Date _____

NEW FAMILIES: Were you referred by a current SJA family? If so, they may be eligible for a tuition credit. Please list their name:

Family Volunteer Requirement

Parents are valued as active participants in their child's education. Your gifts of time, talent, and treasure are crucial to the overall success and long-term viability of our school. Tuition covers only 65% of the real cost of educating your child. Volunteer hours and fundraising activities help to make up the difference. At the start of each year, families choose from a variety of volunteer opportunities. Every family contributes a minimum of 20 hours and/or makes a \$300 tax-deductible contribution. Our committed parents make learning at Saint Joseph Academy and the Montessori Children's House an exceptional experience. Thank you for your commitment to our school's success.

- I will volunteer 20 hours I cannot volunteer, enclosed is my check for \$300.00

Name (please print)

Signature

Date