

2016-2017 St. Joseph Hessen Cassel Registration Contract

11521 U.S. Hwy 27 South, Fort Wayne, IN 46816
 Phone: 260-639-3580 Fax: 639-3675 email: sjhc1@comcast.net

FAMILY NAME: _____

Registration Fee: # Students _____ X \$100 Due May 1, 2016 \$ _____
 (Registration fee is not included in tuition total. After May 1, 2016, pay \$125 per student)

The actual total cost to educate a student at SJHC is \$6100.00. All students attending SJHC receive financial assistance. Non Parishioner tuition for 2016-17 is \$5500/child.
 Active Parishioner tuition for 2016-17 is listed below:

1st Child tuition	\$2900.00
2nd Child additional tuition	\$1650.00
3rd child additional tuition	\$1025.00
Family Rate	\$5575.00

◇ I intend to apply for an SGO
 (Scholarship Grant)

1st Child/Youngest _____	Grade _____	\$ _____
2nd Child Name _____	Grade _____	\$ _____
3rd Child Name _____	Grade _____	\$ _____
4th Child Name _____	Grade _____	\$ _____
5th Child Name _____	Grade _____	\$ _____

FEES: Custodial services/noon watch Per Family \$ 125.00

Book, Technology, Ins. & Supply Bills \$200.00/student \$ _____

**Active Parishioner Tuition after Parish Subsidy: \$ _____

Non parishioner/Non-active parishioner tuition is \$5500.00 per student \$ _____

CREDITS:
 Scrip Credit \$ _____
 Indiana State Scholarship Credit \$ _____

TOTAL AMOUNT DUE: \$ _____

Please check your preferred method of payment for 2016-2017 tuition

_____ Pay the TOTAL AMOUNT DUE by AUGUST 10, 2016.

If total amount is not paid by due date then you MUST enroll in FACTS before the first day of school in order for your child to attend classes.

_____ Enroll for a no interest loan through FACTS Management Program.
 (Must be enrolled before the 1st day of school) (Diocesan Policy)

Please complete, sign, and return this Registration Contract along with your registration fee by May 1, 2016. *Parent copy is yours to keep.*

**** This amount assumes you are an Active Registered Parishioner and is subject to change if you do not meet the Active Registered Parishioner criteria.**

 Parent/Guardian Signature _____
 Date

Office Use Only:

Registration Paid _____	Tuition Paid \$ _____	Assistance \$ _____	FACTS _____
Date Paid _____	Date Paid _____	Date Paid _____	\$ _____ /mon
Check # _____	Check # _____	Check # _____	_____