

2019-2020 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 March 29, 2019 \$** _____
 (Registration fee is not included in tuition total. After March 29, 2019, pay \$125 per student)

The actual total cost to educate a student at SJHC is \$6522.00. All students attending SJHC receive financial assistance. Non Parishioner/Non Active tuition for 2019-2020 is \$6022/child. Active Parishioner tuition for 2019-2020 is listed below:

1st Child tuition	\$3400.00
2nd Child additional tuition	\$3200.00
3rd child additional tuition	\$3000.00
Each additional child	\$3000.00

<input type="checkbox"/> Approved Active Parishioner <input type="checkbox"/> Non Active Parishioner By Church Office on _____
--

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

INSTRUCTION MATERIAL & FEES **\$400.00/student** **\$** _____

****Non parishioner/Non-active parishioner tuition is \$6022.00 per student** **\$** _____

TOTAL AMOUNT DUE: **\$** _____

Please check your method of payment for 2019-2020 tuition

_____ Pay the **TOTAL AMOUNT DUE** by **AUGUST 10, 2019**
 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.

_____ Pay 1/2 of the **TOTAL AMOUNT DUE** by **AUGUST 10, 2019** and the final 1/2 of the **TOTAL DUE** By **January 10, 2020**.

_____ 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 pink Registration Contract along with your registration fee by **March 29, 2019**. *Parent white 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 _____

Date Paid _____

Check # _____

Tuition Paid \$ _____

Date Paid _____

Check # _____