

2017/2018



Dear Pre-School families:

### ***Holy Family School welcomes you!***

Our pre-school program provides a nurturing and exciting first learning experience for your child. Our teachers are here to open the doors to learning not just the pre-academics but also social skills, how to play and get along with others, good manners, and create projects that foster a strong self image.

Holy Family Pre-School offers:

- Zoo Phonics
- Technology
- Arts and crafts
- Bible stories, songs and verses
- Music & poems
- Field trips
- Cooking experiences & nutritional snacks
- Play time, social time and stories

\_\_\_\_\_ I have read Holy Family School's Handbook. Available in the office or on-line at [www.holyfamilyclarkston.com](http://www.holyfamilyclarkston.com).

\*Holy Family also has an Extended Care Program for those children needing childcare after school along with a hot lunch program.

\*We accept *WA State assistance* for the pre-school and childcare.

\*Holy Family is licensed by the state of Washington. Please let us know if you need information regarding these options.

### **Tuition Payment Options: (check one)**

\_\_\_\_\_ ACH Debit (Automatic checking/savings withdraw) Complete attached form

\_\_\_\_\_ I would like to pay tuition in full.

\_\_\_\_\_ I would like to pay monthly with Visa or MasterCard.

\*Please send me a Credit Card Authorization Form to have my payment automatically deducted.

**(The following *monthly* processing fees will apply)**

up to \$200 - \$6.00

\$200.01 and over -3% of total

Class size is limited to 18 students in each class. Enrollment is based on a first come basis with the registration fee paid in full to hold your child's place in the class.

### **Morning classes available:**

**3/4 year old class** (students must be 3 by August 31<sup>st</sup>)

**Tuesday & Thursday**

**8:00-11:00**

**4/5 year old class** (students must be 4 by August 31<sup>st</sup>)

**Monday, Wednesday & Friday**

**8:00-11:00**

**5 days per week class** (Option may be available depending on need and class size)

\_\_\_\_\_ Yes, I am interested in 5 days per week pre-school

Please feel free to call the school if you have any questions.

Sincerely, Ms. Sharon Shelley-Ray, Principal

**HOLY FAMILY PRE-SCHOOL  
REGISTRATION / TUITION AGREEMENT FORM**  
*\*Registration papers must be fully completed before child will be accepted\**

I intend to enroll the following students in Holy Family Pre-School for the 2017-2018 school year:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

**Father or Guardian Name**

**Mother or Guardian Name**

\_\_\_\_\_

\_\_\_\_\_

**Address:**

**Address:** (If different than Father's)

**Phone #:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Work Place & Phone** \_\_\_\_\_

**Work Place & Phone** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REGISTRATION FEE     \$90.00**

This fee helps pay for supplies/materials used in the classroom. Fee is to be paid at the time of registration.

**PRE-SCHOOL TUITION**

\*Yearly pre-school tuition is divided into 10 monthly payments

\*Please see payment options on previous page

**Three days per week**            **\$120.00 per month** (approx \$3.34 per hr.)            **\$1,200.00 per year**  
*(3 day per week pre-school is held on Mon-Wed-Fri for children who are 4 yr. old by Aug. 31)*

**Two days per week**            **\$90.00 per month** (approx \$3.75 per hr.)            **\$900.00 per year**  
*(2 day per week pre-school is held on Tues-Thur for children who are 3 yr. old by Aug. 31)*

**Five days per week**            **\$200.00 per month** ( Option may be available depending on need & class size)

**MY TOTAL REGISTRATION & TUITION DUE THIS YEAR IS     \$ \_\_\_\_\_**

**Parents Signature \_\_\_\_\_ Date \_\_\_\_\_**

Office use only: Official starting date _____
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**If the child does NOT live with both parents, please indicate:**

1. Which parent has legal custody \_\_\_\_\_
2. Which parent will assume financial responsibility \_\_\_\_\_
3. Which parent will be responsible for conduct, studies, report cards, etc. \_\_\_\_\_
4. Would both parents like to receive communications from the office (Yes)\_\_\_\_ (No) \_\_\_\_ If yes please make sure address is complete. (Use back of this paper if necessary. Please provide postage stamps if mailing is requested)

**\*\*IMMUNIZATIONS MUST BE COMPLETED AND RECORDS TURNED IN BEFORE CHILDREN CAN ATTEND SCHOOL\*\***



\*\*If you think you may need our Extended Care program anytime during the school year please complete the following information.

**HOLY FAMILY SCHOOL  
EXTENDED CARE  
ENROLLMENT FORM**

Date of Enrollment \_\_\_\_\_ Childs Age or Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

**Child lives with (please circle)**      Both Parents      Mother      Father      Guardians  
(complete below)

**Father's Name** \_\_\_\_\_ cell # \_\_\_\_\_

Home Address \_\_\_\_\_ Home email \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ cell # \_\_\_\_\_

Home Address \_\_\_\_\_ Home email \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone # \_\_\_\_\_

\*\*\*\*\*

**Names of Siblings and ages**

\_\_\_\_\_  
\_\_\_\_\_

Marital Status of Parents (Circle One Please)      Married      Divorced      Single

Other Adults in Home \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_



**Authorization Agreement For Direct Payments  
(ACH DEBITS)**

I (we) hereby authorize Holy Family Catholic School to initiate debit entries on or after the **16<sup>th</sup> of every month**, to my (our) \_\_\_ Checking Account / \_\_\_ Savings Account (select one) indicated below at the depository financial institution named below and to debit the same to such account. Attach a VOIDED check.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until my (our) yearly contract is paid in full or Holy Family Catholic School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Holy Family Catholic School and the Depository a reasonable opportunity to act on it.

Select all that apply:

\_\_\_ Tuition                      \_\_\_ Lunch                      \_\_\_ Other \_\_\_\_\_  
\_\_\_ Extended Care              \_\_\_ SCRIP                                      (Specify)

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_  
*Please print*

Phone \_\_\_\_\_

Signature: \_\_\_\_\_

**INSTRUCTIONS:** Fill out form and return to school. **PLEASE ATTACH A VOIDED CHECK TO THIS FORM.** For savings accounts please contact your financial institution for routing and account numbers.