



2021-2022 NEW FAMILY INFORMATION & TUITION CONTRACT

Family Name:			
Home Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Parish Membership: (circle one)	Blessed Sacrament / Queen of Peace / Sacred Heart / St. Edward / St. Patrick		

STUDENT INFORMATION				
	Student 1	Student 2	Student 3	Student 4
First Name (legal)				
Middle Name				
Last Name				
Date of Birth				
Student Cell				
2021-2022 Grade				
Gender (circle)	Male / Female	Male / Female	Male / Female	Male / Female
Last School Attended				
Previous Grade				
Religion (circle)	Catholic / Non-Catholic	Catholic / Non-Catholic	Catholic / Non-Catholic	Catholic / Non-Catholic
Lead Test Date				

ADDITIONAL STUDENT INFORMATION		
I would like to enroll my student(s) in Before or After School Daycare.	Yes	No
I would like to enroll my student(s) in the Summer Daycare program.	Yes	No
Does your child(ren) have any special needs (dietary/allergies/health/504/IEP) that CVCS would need to be aware of?		

MEDICAL INFORMATION	
Preferred Hospital:	Phone:
Doctor Name:	Phone:
Dentist Name:	Phone:

For Office Use Only:	Date Paperwork Turned In: _____	School Paperwork Turned In At: _____
	Birth certificate attached? Yes ___ No ___	Baptismal certificate attached? Yes ___ No ___

PARENT/GUARDIAN INFORMATION		
	Parent/Guardian 1	Parent/Guardian 2
First Name		
Last Name		
Relationship to Student		
Address (if different from above)		
City, State, Zip		
Home Phone		
Cell Phone		
Employer		
Work Phone		
Email Address		
Student Lives With?	(circle) Yes / No	(circle) Yes / No
Receive Mailings?	(circle) Yes / No	(circle) Yes / No
Has Custody?	(circle) Yes / No	(circle) Yes / No
School Pick Up?	(circle) Yes / No	(circle) Yes / No

EMERGENCY CONTACT INFORMATION			
	Contact 1	Contact 2	Contact 3
First and Last Name			
Relationship to Student			
Preferred Phone			
Preferred Phone Type			
Student Lives With?	(circle) Yes / No	(circle) Yes / No	(circle) Yes / No
Receive Mailings?	(circle) Yes / No	(circle) Yes / No	(circle) Yes / No
Has Custody?	(circle) Yes / No	(circle) Yes / No	(circle) Yes / No
School Pick Up?	(circle) Yes / No	(circle) Yes / No	(circle) Yes / No

ANY ONE NOT ALLOWED TO PICK UP MY STUDENT (with copy of court order, if applicable)
Name:
Name:

TERMS AGREEMENT	
<p>If the individual(s) responsible for tuition changes, it is your responsibility to notify the Business Office. A new, signed tuition agreement is required. Student accounts seriously delinquent may be pursued up to and including legal collection. It is the parent's sole responsibility to contact the business office to arrange payments.</p> <p>I agree that all tuition monies due will be paid by the end of each school year. I agree to be financially responsible for all tuition & other fees as set by CVCS for the above student(s). I understand that failure to pay all charges may jeopardize my student's enrollment for the following school year. I have read, understood, and accept the above-stated terms and conditions.</p>	
Parent/Guardian Signatures:	Printed Names:
1.	1.
2.	2.
Date:	Date:

PARENT MARITAL STATUS
The marital status of biological parents is: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
If parents are separated or divorced, who has primary care of the child(ren)? <input type="checkbox"/> Mother <input type="checkbox"/> Father
If parents are separated or divorced, custodial arrangement is: <input type="checkbox"/> Sole <input type="checkbox"/> Joint
Special circumstances (explain):
*Legal restrictions, decrees, stipulations, or pertinent court documents relating to child(ren) custody/custodial rights must be on file at the local school site per Archdiocesan policy.

TUITION PAYMENT RESPONSIBILITIES	
Tuition is automatically billed to the parent that registered the student(s) unless alternate billing information is provided.	
<input type="checkbox"/> Mother & Father 100%	
<input type="checkbox"/> If separated or divorced, Mother & Father share responsibility: Mother _____% Father _____% Shared responsibility situations require signatures above from both responsible parties.	
<input type="checkbox"/> Other (explain) _____%	
"Other" Payee Full Name:	Preferred Phone:
Address:	City, State, Zip:
Other Payee Signature:	

TUITION PAYMENT OPTIONS
<input type="checkbox"/> Single payment due AUGUST 31, 2021.
<input type="checkbox"/> Two half payments due AUGUST 31, 2021 & JANUARY 31, 2022.
<input type="checkbox"/> 10 monthly automatic payments begin in SEPTEMBER 2021 , End JUNE 2022.
Tuition Management payment system enrollment fee is \$40.00 NON-REFUNDABLE paid upon online enrollment in automatic payment plan.