



St. Michael Catholic School

2019-2020 Preschool Registration

Programs

Annual Registration Fee

\$50 non-refundable fee

3,4, and 5 Years Old

2 Day – T, TH
8:00 – 11:00 a.m.

Monthly Tuition: \$157.00

Yearly Tuition: \$1570.00

3 Day – M, W, F
8:00 – 11:00 a.m.

Monthly Tuition: \$208.00

Yearly Tuition: \$2080.00

Must be 3 or 4 years old by 9/1/19 with independent bathroom skills.

4-5 Years Old Pre-K

5 Day
8:00 – 11:00 a.m.

Monthly Tuition: \$338.00

Yearly Tuition: \$3380.00

Must be 4 or 5 years old by 9/1/19 with independent bathroom skills.

Religious Affiliation

Religion: _____

Current Church Membership:

Sacrament History

Baptism: ___/___/___

Location: _____

Alumni

Attended StMCS (year):

Kindergarten

Registered at StMCS (year):

Other

Language(s) spoken in the home:

St. Michael Catholic School

14 Main Street North
St. Michael, MN 55376
Phone: 763-515-3931
Fax: 763-497-9159

<http://www.stmccatholicsschool.org>

Student	Full name: _____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___/___/___
	Age on the date of registration: _____
	Child resides with: _____

Father	Mother
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home: (____)____-_____	Home: (____)____-_____
Work: (____)____-_____	Work: (____)____-_____
Mobile: (____)____-_____	Mobile: (____)____-_____
Email: _____	Email: _____

Emergency Contact	Name (other than parent): _____
	Phone: (____)____-_____
	Relationship to Student: _____
	Name (other than parent): _____
	Phone: (____)____-_____
Relationship to Student: _____	
PEOPLE AUTHORIZED TO PICK UP MY CHILD: _____	

Health Information	Doctor: _____
	Clinic: _____
	Phone: (____)____-_____
	Dentist: _____
	Clinic: _____
	Phone: (____)____-_____
	Dietary or Medical Needs: _____
	Other Medical, Educational, Behavioral Concerns/Diagnosis: _____

Registration of the student is only complete when the Registration Form is filled out in its entirety, signed, and submitted with the registration fee payment.

Parent/Guardian Signature: _____ Date: ___/___/___

Email Address: _____



St. Michael Catholic School

2019-2020 Preschool Tuition Agreement

Responsible Billing Party	Tuition Calculator	TOTALS
Full Name: _____	Annual Registration Fee \$50 non-refundable fee	\$50
Street Address: _____ _____	2 Day Program: T and TH 8:00 – 11:00 a.m. <input type="checkbox"/> \$157.00 per month – paid over 10 months <input type="checkbox"/> \$1570.00 single/annual payment (due Aug 15)	\$
City/State/Zip: _____	3 Day Program: M, W, F 8:00 – 11:00 a.m. <input type="checkbox"/> \$208.00 per month – paid over 10 months <input type="checkbox"/> \$2080.00 single/annual payment (due Aug 15)	\$
Home: (____)____-_____	5 Day Program: Pre-K 8:00 – 11:00 a.m. <input type="checkbox"/> \$338.00 per month – paid over 10 months <input type="checkbox"/> \$3380.00 single/annual payment (due Aug 15)	\$
Mobile: (____)____-_____	TOTAL COST:	\$
Email: _____	Monthly Payment Option Due the 15 th of each Month, starting August 15 and ending May 15.	<input type="checkbox"/> Monthly EFT- see attached form <input type="checkbox"/> Check- preschool tuition paid in full
Relationship to Student: _____		

TUITION ACCOUNTS MUST BE KEPT CURRENT AND PAID-IN-FULL BY THE FIFTEENTH OF THE MONTH

- All tuition and fee payments are non-refundable.
- Checks should be payable to “St. Michael Catholic School.”
- All tuition payments are to be submitted according to the dates outlined in this contract and the options selected/agreed to by the responsible parties. Tuition payments are considered past-due if they are received more than 10 days later (26th of the month) than the due date. Tuition payments are considered delinquent if they are received more than 30 days past their original due date. Past-due and delinquent tuition payments are subject to the following:
 1. Past-due tuition is automatically subject to a \$25 late fee that is not applied to tuition. Each subsequent 30-day period in which a payment is not received, incurs an additional late fee. Late payments are not considered received unless the late fee accompanies the payment.
 2. Any payment returned for insufficient funds will be subject to a \$30 fee and requires immediate redemption by the family.
- No account will be allowed to be more than one month past due. Your child's spot will be held for one month. If the account is not paid in full at the end of the month, your family will be dismissed from St. Michael Catholic Preschool and past due payments will be expected within 30 days.

By signing this Tuition Agreement, I understand that I am responsible for Pre-school Tuition and Fees.

Parent/Guardian Signature: _____ Date: ____/____/____