

Holy Redeemer Catholic School
2019- 2020 School Year
Registration (Kinder through 8th grade)

Child's Last Name

Family's Last Name

PLEASE PRINT

Parish/Church You Attend

Neighborhood Public School

Student's Last Name First Middle Sex Religion DOB 19-20 Grade

Student's Last Name First Middle Sex Religion DOB 19-20 Grade

Student's Last Name First Middle Sex Religion DOB 19-20 Grade

Student's Last Name First Middle Sex Religion DOB 19-20 Grade

Parent 1 Info:

Last Name First Address, City, State and Zip Code

Home Phone Work Phone Cell Phone

Relationship to Student Religion Employer Occupation

Parent 2 Info:

Last Name First Address, City, State and Zip Code

Home Phone Work Phone Cell Phone

Relationship to Student Religion Employer Occupation

EMAIL ADDRESS(ES) where we can send information _____
PLEASE PRINT CLEARLY _____

Parent/Guardian Status:

Married Single Divorced Legally Separated Widowed

Custodial Parent:

Both Mother Father Other (Please Specify) _____

Is student Latino/Hispanic? Yes No

Please indicate student's race for reporting purposes: Mark all that apply

American Indian/Native Alaskan Asian Black/African American
 Native Hawaiian/ Pacific Islander White/Caucasian Multi Racial

Language Spoken at Home? _____

Please complete other side. →→→→→→→→→→

Day Care Provider: Name: _____ Phone: _____

EMERGENCY INFORMATION:

In case of illness, accident or emergency to your child(ren), the Archdiocese of Portland and Holy Redeemer Catholic School and its representatives are authorized to proceed as indicated below. Complete the following information in the order of desired action you wish us to take ***if custodial parent(s) cannot be reached.***

1st Contact: _____ Home Ph. _____ Work/Cell Ph. _____

2nd Contact: _____ Home Ph. _____ Work/Cell Ph. _____

3rd Contact: _____ Home Ph. _____ Work/Cell Ph. _____

Family Physician - Name and Phone Number _____

Preferred Hospital: _____

Health Insurance Company and Group / ID number(s):

Last Tetanus immunization or booster date _____

If the student is presently on any medications, please state name, dosage and reason for drug. Attach additional sheet if necessary. (Medications dispensed by school personnel require you to sign special authorization forms.)

Please note any allergies (food, drugs, insects) injuries, recent surgery, prolonged illness, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention: _____

School Directory: Each year the school publishes a directory containing address, phone and email information for families, **intended for school use only.** (If you leave this blank, we WILL include your info in the directory.)

_____ I give permission for my information to be included in this directory

_____ I do NOT give permission for my information to be included in this directory.

Photo Video Permission

During the school year photographs are taken of student activities to record school history or for development purposes. Utmost discretion is used in releasing these photos. **If you leave this blank we will NOT use your child's photo.**

___ I give my permission for my child(ren)'s image to be used without a name.

___ I DO NOT give my permission for my child(ren)s' image to be used.

I authorize the Archdiocese of Portland and Holy Redeemer Catholic School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese and Holy Redeemer Catholic School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent Signature _____ Date _____

Your typed name will be accepted as a signature for this online form.

Authorization Agreement for Automatic Withdrawal of Funds

Holy Redeemer Catholic School

ES7930

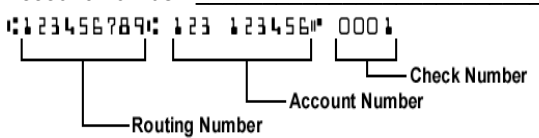
Student Information

Student Name	Student Name
Student Name	Student Name

PLEASE ATTACH VOIDED CHECK HERE

RETURNING FAMILIES: *If you plan to use the same bank account as the previous school year, complete this form, and write "same account as last year" in the section for routing and account numbers. BE SURE TO SIGN and DATE the form. We will not need a voided check unless your bank account number or routing number has changed*

Account Information

Last Name	First Name	
Address		
City	State	Zip
<p>Please debit payments from my (check one):</p> <p><input type="checkbox"/> Checking Account (staple a voided check below)</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #, Attach bank statement showing account name and number)</p> <p>Payment Due Date (Please select one):</p> <p><input type="checkbox"/> Monthly on the 5th</p> <p><input type="checkbox"/> Monthly on the 20th</p>	<p>Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p style="font-size: small;">  </p>	

AGREEMENT

I authorize the above school and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. I also understand that I will be charged **\$20.00** for any payment that is returned due to insufficient funds (NSF).

Authorized Signature: _____ Date: _____
Your printed name will be accepted as a signature for the online form.

For Office Use Only

Authorization type: New authorization Change banking information
 Change tuition amount Discontinue electronic payment
 Change tuition date

Date of first payment ____ / ____ / ____	<p>Grades K – 8 Payments:</p> <p>Monthly Payment Amount July - June \$ _____</p>	Notes:
Date of last payment ____ / ____ / ____	<p>Pre School/PreK payments:</p> <p>Monthly Payment Amount Aug – May \$ _____</p>	
Total amount of yearly tuition \$ _____		

Child's Last Name _____

Family's Last Name _____

**ARCHDIOCESE OF PORTLAND TUITION AGREEMENT
HOLY REDEEMER CATHOLIC SCHOOL
Academic Year 2019- 2020**

I (We) hereby accept full responsibility for payment of tuition and fees for:

Name of Student(s)

I (We) jointly and severally promise to pay to Holy Redeemer Catholic School the amounts indicated at the scheduled due dates according to the payment plan selected.

All monthly payments are to be made to our Tuition Management Company by automatic deduction. (ACH). All payments are due on the 5th or 20th of the month (depending on which option is selected), and will be considered past due if not received by the 15th or 30th of the month. A late fee of **\$20.00** will be charged monthly on all past due accounts. A fee of **\$20.00**, in addition to any other fees, will be charged for any unsuccessful automatic deduction. These fees will be added to the tuition account. If the tuition payment is returned due to insufficient funds, the school will attempt to take the payment again. Annual service fees on monthly accounts will be the responsibility of each family, and are included in the activity fee. Each family must pay the non-refundable August fee regardless of the month they begin. In the event that an account is turned over to collection because of non-payment, Holy Redeemer Catholic School reserves the right to add any and all collection fees, interest, court costs and/or legal fees to the balance of tuition and fees due.

I (We) understand that if my (our) account is not current at the time of grade reports or graduation, Holy Redeemer Catholic School reserves the right to withhold those specific services until the account is made current, including payment of all fees that may have accrued. School policy states: "...accounts in arrears more than 30 days may cause the dismissal of my (our) child(ren) from school until such arrears are brought current." In the event the student(s) withdraw(s) from the school, the family may appeal to the principal for an adjustment of tuition. Should the family withdraw before the school year begins, the first month's tuition may not be refunded. The school offers contracts to faculty/staff based on enrollment; this financial obligation does not change. The decision of the principal is final. All balances owed to the school will then be due immediately.

I (We) also understand that as part of this agreement, our family will participate in and meet the school requirements for Fair Share hours, Scrip sales, participation in Gift Wrap/Plant sales and the Jog-a-thon. I (We) understand and agree to comply with the provisions of this Tuition Agreement.

Due at Registration: The **non-refundable Enrollment Fee** of \$150 for the 1st Child, or \$225 per family for families with two or more students in grades K – 8. **Kindergarten families need to pay a \$25 supply fee.** **Families who do not currently have a child in grades K – 8 will also need to make a non-refundable tuition deposit. This deposit will be credited toward first month's tuition.**

Date Paid _____ Amount Paid _____ Received by _____ Check # _____

Tuition Payment Options - Please choose one

_____ 1 Annual payment in full (Due Thursday, June 20th , 2019 by 1:00 P.M.)

_____ 12 Monthly payments, July through and including June

**Please note that if you choose the annual plan, your payments will be made directly to Holy Redeemer Catholic School. All monthly payments will be made to our tuition management company.

Signature of Parent or Legal Guardian

Printed Name

Date

Signature of Parent or Legal Guardian

Printed Name

Date

Your typed name will be accepted as a signature for this online form.

Note to Catholic families applying for subsidy: If the office has not received your subsidy form by the time tuition accounts are established, your tuition will be submitted at the unsubsidized rate until we receive your form.

PLEASE COMPLETE OTHER SIDE →

Holy Redeemer Catholic School
Parent Commitment Form
2019 -2020

Child's Last Name

Family's Last Name

Each family is required to:

- ✓ **GIFT WRAP/PLANT SALE:** Each **FAMILY** must sell **\$200** of gift wrap products or plants OR pay \$100 per family
- ✓ **JOG-A-THON:** Every **STUDENT** must raise \$100 in Jog-a-thon pledges OR PAY \$100 per student
- ✓ **SCRIP:** Each **FAMILY** must purchase \$1,500 of SCRIP or pay \$100 per family
- ✓ **FAIR SHARE HOURS:** Each two-parent family is required to contribute 30 volunteer hours per year. Each single-parent family is required to contribute 15 hours per year. (At least 10 hours should benefit fundraising. Fair share hours must be completed by June 1, 2020. *Fair Share hours not completed by June 1st will be billed at a rate of \$10 per hour not completed.* Extra hours may not be rolled over to the following year. Note: families are responsible to record their own hours in the binder in front of the school office.

Families may opt to pay the buy out for one or more of the above requirements by adding it to their tuition. Otherwise families will be billed during the school year and at the end of the school year.

_____ I would like to have the gift wrap/plant sale buy out of **\$100** added to my tuition payment.

_____ I would like to have the Jog-a Thon buy out of **\$100** per child added to my tuition payment.

_____ I would like to have the Scrip buy out of **\$100** added to my tuition payment.

_____ I would like to have my fair share obligation of **\$300/\$150** added to my tuition payment.

I have read this form and agree to the terms stated above.

Mother/Guardian's Name: **Please Print**

Father/Guardian's Name: **Please Print**

Mother/Guardian's **Signature**

Father/Guardian's **Signature**

Your typed name will be accepted as a signature for this online form.

Check this box if you are a registered and active HR Parishioner

Check this box for single parent status – 15 fair share hours

Check this box if you wish to pay for your fair share hours (\$300/\$150)