

OLMC PRESCHOOL 2019-2020 Re-Registration Packet

(Returning Families)

Parent/Guardian Financially Responsible Family Last Name: _____

Student's Full Name: _____ Grade Entering: _____

Student's Full Name: _____ Grade Entering: _____

Student's Full Name: _____ Grade Entering: _____

Student's Full Name: _____ Grade Entering: _____

_____ **Registration Fee** - Cash or check included in the amount of \$100. Make check payable to OLMC. No postdating or notes indicating payment will be sent in the future. (Registration received after March 7, 2019 fee increases to \$200 for returning families.)

_____ **Contract** – Ensure contract is signed and initialed in all areas.

_____ **SurePay** – All families are required to complete and turn in the SurePay form. Sign and attach a voided check or include credit card information (credit card fee will be assessed). Your tuition and/or Extended Care payment will be collected from this account. This is also required for Stewardship families.

_____ **Parish Certification** – If you attend another Roman Catholic parish other than OLMC, attach the Parish Certification form which can be found on the school website.

_____ **Not Returning** – Please check all that apply on the back of this form and turn into the school office.

All above items must be attached to this registration cover sheet and be completed in full to register. Completed packets must be turned into the preschool office and received/reviewed by a preschool representative by Thursday, March 7th at 4:00pm.

Office Use Only Below

Date Received: _____ Received/Reviewed By: _____

2019-2020 Payment Schedule

Date:

June 10, 2019

July 10, 2019

July 10, 2019 through April 10, 2020

December 10, 2019

Payment for:

Consolidated Fee (per student) \$100.00

Tuition (if chose 100% or 50/50 option: 100% or first 50% is due July 10, 2019)

Tuition (10 monthly payments)

Tuition (2nd 50% if 50/50 option was chosen)

ALL PAYMENTS WILL BE SUREPAYED <OR> CHARGED TO YOUR CREDIT CARD (PLUS A 3% FEE WITH A \$3 MINIMUM) ON THE DATES NOTED ABOVE.

Family Name: _____

REASONS FOR NOT RETURNING

Please check all that apply.

- New school will be closer to home.
- New school will be less expensive.
- New school will prepare student for high school he/she has chosen.
- Transportation is a problem.
- Family is moving.
- Family is in transition due to divorce, separation, death, etc.
- Student wishes to be with friends.
- Student prefers different teachers.
- Student requires special education assistance.
- Student is looking for classes/ programs not available at present school.
- Other _____

Our Lady of Mount Carmel Catholic Preschool New Student Registration Form

Today's Date: _____ Student Name: _____

Address: _____ City/State: _____ Zip Code: _____

P.O. BOX: _____ Home Phone: _____

Gender: _____ Grade Entering: _____ Date of Entrance: _____

Ethnic Background: _____ Place of Birth: _____ Date of Birth: _____

School Transferred From: _____

Address: _____ City/State: _____ Zip Code: _____

Sacraments Received

DATE

PLACE SACRAMENT PERFORMED

Baptism: _____ / _____ / _____ _____

PRIMARY HOUSEHOLD WHERE STUDENT RESIDES: PARENT(S)/GUARDIAN(S) INFORMATION

Mother Full Name: _____ Father Full Name: _____

Stepparent: YES _____ NO _____

Stepparent: YES _____ NO _____

Address: _____ City/State: _____ Zip Code: _____

E-Mail: _____ E-Mail: _____

Cell Phone: _____ Cell Phone: _____

Religion/Parish: _____ Religion/Parish: _____

Marital Status: _____ Marital Status: _____

Employer: _____ Employer: _____

Secondary Household (If Applicable) Does student reside here? YES _____ NO _____

Mother Full Name: _____ Father Full Name: _____

Stepparent: YES _____ NO _____

Stepparent: YES _____ NO _____

Address: _____ City/State: _____ Zip Code: _____

E-Mail: _____ E-Mail: _____

Cell Phone: _____ Cell Phone: _____

Religion/Parish: _____ Religion/Parish: _____

Marital Status: _____ Marital Status: _____

Employer: _____ Employer: _____

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TUITION WORKSHEET

Registration & Consolidated Fee

Registration fee per family \$100 (after March 7, 2019 fee increases to \$200) **Cash or check attached to packet.**

Other Fees

Consolidated Fee \$ 100 X _____ (# of students) Total \$ _____

Subtotal of Other Fees Subtotal \$ _____

Other Fees Paid \$ < _____ >

Total Other Fees (to be SurePaid June 10, 2019) **Total Other Fees Only \$**

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(enter on page 7)

Tuition

Tuition per Student - 5 days (M-F) \$4,650.00 _____
(8:05 a.m. – 12:15 p.m.)

Tuition per Student - 3 days (M/W/F) \$3,800.00 _____
(8:05 a.m. – 12:15 p.m.)

Tuition per Student - 2 days (T/TH) \$3,200.00 _____
(8:05 a.m. – 12:15 p.m.)

Total Tuition Only \$

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(enter on page 7)

Extended Care

Extended Care per Student - 5 days (M-F) \$2,200.00 _____
(12:15 – 3 p.m.)

Extended Care per Student - 5 days (M-F) \$3,600.00 _____
(12:15 – 6 p.m.)

Extended Care per Student - 3 days (M/W/F) \$1,400.00 _____
(12:15 – 3 p.m.)

Extended Care per Student - 3 days (M/W/F) \$2,200.00 _____
(12:15 – 6 p.m.)

Extended Care per Student - 2 days (T/TH) \$1,000.00 _____
(12:15 – 3 p.m.)

Extended Care per Student - 2 days (T/TH) \$1,500.00 _____
(12:15 – 6 p.m.)

Early Morning Drop Off – Monthly Fee \$30 \$ 300.00 _____

Total Extended Care Only \$

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(enter on page 6)

Tuition Payment Plan Select One

- Pay 100% option - due July 10, 2019
- Pay 50/50 option – 1st 50% due July 10, 2019 and 2nd 50% due by December 10, 2019
- Pay 10 monthly payment option – July 10, 2019 through April 10, 2020
- Stewardship Household

Extended Care Payment Plan Select One (from page 5)

- Pay 100% option - due Aug 30, 2019 (\$ _____)
- Pay 50/50 option – 1st 50% due Aug 30, 2019 and 2nd 50% due by December 26, 2019 (\$ _____)
- Pay 10 monthly payment option– Sept 25, 2019 through June 25, 2020(\$3/Half Hour or \$ _____ monthly rate)

Parish Scholarship Application

I/We wish to be considered for scholarships based on the following:

- Family is registered and attending obligatory Mass regularly at OLMC Parish for past 6 months (verified by OLMC database).
- Family is an OLMC Stewardship Family. You must enroll yearly by May 31, 2019 or tuition will be charged effective July 10, 2019.
- Family is registered and attending obligatory Mass at another Roman Catholic Parish in the Diocese of Phoenix. Parish Verification Form **MUST** be turned in to be considered (see school website or RenWeb for required form). If Parishioner Certification Form not received you will be charged the Standard Tuition Rate.

Scholarship(s)/Credit

Registered at OLMC Parish (Student(s) : 1 = \$400, 2 nd Student 10% of one tuition)	\$< _____ >
Registered at another Roman Catholic Parish with Verification (Student(s) 1,2 see above)	\$< _____ >
OLMC Stewardship Family (5 day = \$4650, 3 day = \$3800, 2 day = \$3200)	\$< _____ >
Other: _____	\$< _____ >
Estimated Total Scholarship(s)	Total \$< _____ >
	(enter on pg 7)

Extended Care Program

- Before School 7:30 a.m. – 8:05 a.m. \$3.00 <or> Flat Rate of \$30 per month
- Extended Care - Regular Days 12:15 p.m. - 6:00 p.m.

Fees – Hourly (billed following end of month):

Hourly Per Student - **\$3.00** per half hour, charged in half-hour increments

Late Pick-up Fees (after 6 p.m.): The late pick-up fees are **\$1.00** per minute per student.

Billing

Extended Care Fees will be SurePayed monthly on the 25th or the first business day after the 25th of the following month, September 2019 through June 2020. Parents or guardians **must** sign students out each day. **If a signature and time are not present on the sign-out sheet, the family will be charged until 6:00 p.m. Students will not be allowed to continue in the Extended Care IF PAYMENT IS MORE THAN ONE MONTH DELINQUENT.**

Parent/Guardian Expectations

Please review and **initial all**. By initialing you understand that these expectations are required and if not met monies will be added to your final tuition payment.

_____ Food for Thought: \$75 profit per family per year (May 1, 2019 – April 30, 2020)

_____ Festival Volunteer Hours: Four (4) hours per family or \$50 per hour in lieu of service.

Two (2) hours must be completed on the day of the Festival. Exceptions may be approved by the Festival Chair.

_____ We have read, understand and agree to comply with the philosophy, policies, regulations and billing of the Extended Care.

Financial Commitment

Fees (from page 5) \$ _____ To be SurePayed in June(less any FFT or acct credit).

=====

TOTAL FEES ONLY

Standard Tuition (from page 3) \$ _____

Scholarship-estimated (from page 4) \$< _____ >

Total Estimated Tuition \$ _____ To be SurePayed July-April.

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TOTAL ESTIMATED TUITION ONLY(do not include Fee's in this total)

Monthly SurePay will be calculated on the above estimated Tuition Total amount.

SurePay and credit card monthly payments **begin in June** for the new school year and are processed monthly through April. **Debit Cards ARE NOT an accepted form of payment for these monthly payments.**

Tuition paid by credit card will have a 3% **fee(note: minimum \$3 fee charged)** added each time the card is credited. Credit cards will be processed the same day as SurePay. Once selected, the payment method **may not** be changed from month-to-month.

Parent/Guardian

Date

Effective date of this Tuition Policy is Jan 1, 2019 for the 2019/2020 school year.

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Our Lady of Mount Carmel PreSchool

2115 S. Rural Rd. – Tempe, Arizona 85282

2019-2020 Enrollment Contract- Returning Family

*******PRINT LEGIBLE*******

PARENT/GUARDIAN

FAMILY

NAME _____ CELL PHONE _____
Last First

FINANCIALLY RESPONSIBLE: _____ (CHECK HERE IF SAME AS ABOVE)

EMAIL ADDRESS _____

ADDRESS _____
Street City State Zip

Roman Catholic Parish: _____ <OR> Family's Religious Affiliation: _____

Parish Letter Rec'd ____/____/____ Envelope# _____ Registered: _____ Profile _____
(Office Use) (Office Use) (Office Use) (Office Use)

Student Information: (Name/Grade of each student to attend in August 2019)

Name – Last & First	Grade Entering

NON-REFUNDABLE FEE SCHEDULE

		PAID	DATE & CK#
Registration Fee \$100.00 per family (due March 7, 2019-late fee will apply)	Total:	_____	_____/____/____
Consolidated Fee \$ 100.00 per student	Total:	_____	_____/____/____
	Total:\$	< _____ >	
	Balance Fees Due: \$	=====	=====

Tuition Rates (PreSchool)	5 Days	3 Days	2 Days
Standard Tuition	\$4,650.00	\$3,800.00	\$3,200.00
Members of OLMC <or> Members of another Roman Catholic Parish <u>with verification.</u>	\$4,250.00	\$3,400.00	\$2,800.00
Stewardship Households (Note: Responsible for Consolidated/Book / Technology/Kindergarten Surcharge that will be SurePayed in June)	\$0.00	\$0.00	\$0.00

By enrolling my student(s) in Our Lady of Mount Carmel Catholic PreSchool and signing this form, I am accepting and agree to abide by the rules, regulations and code of conduct of the school. I understand that tuition & fee payments will be made through the SurePay System beginning on June 10th of each month or the first business day after the 10th of each month for a total of 11 months (Consolidated/Unpaid Registration Fees in June, and Tuition July through April). Tuition may be also be paid in full by July 10, 2019 or paid 50% by July 10, 2019 and balance by Dec. 10, 2019. I understand it is necessary for all tuition and fees to be paid up to date in order for my child to continue attending OLMC PreSchool. Enrollment is not complete until all required forms are properly completed and submitted together.

Signature **FINANCIAL RESPONSIBLE** Party _____ Date _____

Our Lady of Mount Carmel PreSchool
2115 S. Rural Rd. – Tempe, Arizona 85282

CHECKING/ VISA/MASTERCARD/AMEX/DISCOVER ACCOUNT DEBIT AUTHORIZATION
(AKA: SurePay)

<i>Stewardship Family? Yes / No</i> <i>Family Took Copy of Form Via Cell Phone? Yes/</i> <i>Declined</i>
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I, _____ (FINANCIAL RESPONSIBLE PARTY), hereby authorize Our Lady of Mount Carmel to initiate debit entries (SurePay) to my **Checking / Visa/ Mastercard/ AMEX/ DISCOVER** account in the amount of \$_____ **Fees** (June), \$_____ **Monthly Tuition** (July-April) and **Extended Care** per contract. I hereby attach a voided check or credit card information for these debits and I agree that any remaining balance on my OLMC account after the April 10th SurePay will be taken as a May 10th SurePay. This authority is to remain in effect for the 2019/2020 school year or until Our Lady of Mount Carmel has received written notification from me and we have both come to a mutual agreement to terminate this authorization. Deductions for **Fees & Tuition** will be withdrawn on the **10th of each month (or first business day after the 10th)** and **Extended Care** will be withdrawn on the **25th of each month (or first business day after the 25th)**.

I understand and agree that I am responsible for a \$25 Fee should any funds not be available when my account is debited or charged by credit card (i.e. credit card out of date etc.). It is my responsibility to advise OLMC of any account changes that may affect the availability of funds. This fee of \$25 will be shown on my OLMC statement. Tuition and Extended Care charges past due more than ten business days from the date of SurePay will incur an additional \$25 Late Fee (this fee will be shown on my OLMC statement) unless prior arrangements have been made.

***NOTE: Any changes as regards this SurePay (debit authorization) must be submitted in writing by the 20th DAY OF THE MONTH prior to the change going into effect.**

Signed,

(Signature of Financially Responsible Party)

(Print Clearly Name of Financially Responsible Party)

Date: _____, 2019

FAMILY Last Name: _____
(Print Clearly)

STUDENT Full Name: _____
(Oldest Student) (Print Clearly)

ATTACH VOIDED CHECK
(Not Deposit Slip)

<or>

Note: 3% Fee on CC transactions(\$3 fee minimum charge)

Credit Card # _____ Exp. Date _____ Three #'s on back _____
(Visa/Mastercard/AMEX/Discover) (MM/YY) (security #'s)
(DEBIT CARDS NOT ACCEPTED) ZIP CODE FOR CREDIT CARD _____

WE RECOMMEND YOU TAKE A PICTURE OF THIS FORM FOR YOUR FILES