**OUR LADY OF FATIMA SCHOOL**
**2016 -2017 REGISTRATION & FINANCIAL AGREEMENT FORM**

**Family Name: _____ Family #_____**

**Home Address:_____**

**Telephone #: ( ) _____ Email: _____**

**Student's Name: _____ Grade in Fall 2016: _____**

**Student's Name: _____ Grade in Fall 2016: _____**

**Student's Name: _____ Grade in Fall 2016: _____**

**Registration Fees for 2016-2017: (Non-refundable and non-transferable)**

| | **Initial Registration Fee** (Due on submission) | **Curriculum Development Fee** (Option to set up payment plan) | **Initial Fundraising** (Option to set up payment plan) | **Total Registration Fees** |
|---|---|---|---|---|
| One Child: | 195.00 | + 256.00 | + 120.00 | **= 571.00** |
| Two Children: | 390.00 | + 512.00 | + 120.00 | **= 1,022.00** |
| Three Children: | 585.00 | + 768.00 | + 120.00 | **= 1,473.00** |
| Four Children: | 780.00 | + 1,024.00 | + 120.00 | **= 1,924.00** |

**Registration fees are due by February 29, 2016 -- please check all that apply:**

☐ Initial Registration fee enclosed. ☐ Total fees paid in full. ☐ Add to my FACTS account. ☐ Need to set up on FACTS.

**Please check one option to indicate your choice of tuition payment plans:**

☐ **Monthly plan A:** 11 Month Payment Plan. Refer to Tuition/Fees Schedule. (Must be automatically withdrawn through FACTS)

☐ **Monthly plan B:** 12 Month Payment Plan. Refer to Tuition/Fees Schedule. (Must be automatically withdrawn through FACTS)

☐ **Annual plan:** $100.00 discount for one lump sum payment in full by June 30, 2016

**Participation Plan Options---please check all that apply:**

☐ **Full participation plan:** Must fulfill family commitment for Scrip Program, Jog-a-thon, Parish Festival, and Service Hours.

- ☐ **Active Parishioner:** Registered at Holy Family Church using parish envelopes regularly. Active Parishioner status assessed twice yearly. Status will automatically be changed to Non-Parishioner and you will be assessed $50.00 per month, which will be added to your FACTS account if parish envelopes not used regularly. **Parish Envelope Number_____**
- ☐ **Non-Parishioners:** Not registered at Holy Family Church and/or not using parish envelopes regularly. Refer to Tuition/Fees Schedule for 2015-2016.

☐ **Limited participation plan** (See reverse side for details):

- ☐ Full payment enclosed.
- ☐ Please bill me monthly and adjust my FACTS accordingly.

Note: Observation and re-evaluation will continue for students on an academic or behavior contract. Acceptance letters will be given out in May for these students.

We agree with the registration, tuition, and financial agreement. We understand that a $50 late fee will be applied for any payment received after the due dates. We understand that we may be asked to withdraw our child(ren) from the school if we fail to fulfill our financial responsibilities or fail to follow the code of Christian Conduct for students and parents/guardians in the Archdiocese of Los Angeles.

_____ _____ _____ _____
Parent Signature Date Parent Signature Date

_____ _____
Parent Name Parent Name