

**ST. MARY OF CARMEL SCHOOL**  
**16-17 Information Sheet**

**Referred by:**

\_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

OLDEST CHILD IN FAMILY: \_\_\_\_\_ GRADE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ STUDENTS LIVE WITH: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

FATHER'S CELL PHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

RELIGION/PARISH: \_\_\_\_\_ Registered?: \_\_\_\_\_ ENVELOPE #: \_\_\_\_\_

**Name of Parent(s) who attended St. Mary of Carmel School, if applicable:**

Yr. Graduated: \_\_\_\_\_

**Please list any talents or services that you have to offer our school:**

**FATHER'S EMPLOYMENT INFORMATION:**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE # AND EXTENSION: \_\_\_\_\_ POSITION \_\_\_\_\_

**MOTHER'S EMPLOYMENT INFORMATION:**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE # AND EXTENSION: \_\_\_\_\_ POSITION \_\_\_\_\_

**STUDENT INFORMATION: (Begin with oldest child)**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

D.I.S.D. SCHOOL: \_\_\_\_\_ Sacraments Received  
Baptized: \_\_\_\_\_ 1<sup>st</sup> Comm.: \_\_\_\_\_ Confirm: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

D.I.S.D. SCHOOL: \_\_\_\_\_ Sacraments Received  
Baptized: \_\_\_\_\_ 1<sup>st</sup> Comm.: \_\_\_\_\_ Confirm: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

D.I.S.D. SCHOOL: \_\_\_\_\_ Sacraments Received  
Baptized: \_\_\_\_\_ 1<sup>st</sup> Comm.: \_\_\_\_\_ Confirm: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

D.I.S.D. SCHOOL: \_\_\_\_\_ Sacraments Received  
Baptized: \_\_\_\_\_ 1<sup>st</sup> Comm.: \_\_\_\_\_ Confirm: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

D.I.S.D. SCHOOL: \_\_\_\_\_ Sacraments Received  
Baptized: \_\_\_\_\_ 1<sup>st</sup> Comm.: \_\_\_\_\_ Confirm: \_\_\_\_\_

**\*PLEASE LIST THE PUBLIC SCHOOL YOU CHILD WOULD ATTEND IF NOT ENROLLED IN OUR SCHOOL.**

**St. Mary of Carmel Catholic School  
2016-2017 Registration Form**

**FAMILY INFORMATION - PLEASE PRINT**

<b>Father</b>			<b>Mother</b>		
Last	First	Middle	Last	First	Maiden
Mailing Address - Street			Mailing Address - Street		
City	State	Zip	City	State	Zip
Home Phone	Daytime Phone		Home Phone	Daytime Phone	
Email			Email		

**STUDENT(S) INFORMATION**

<b>Students in grades K-8 for 2016-2017</b>	<i>Grade</i>	<b>I AM REGISTERING AS: (Please check one)</b>
Name _____	_____	SMC Parishioner _____
Name _____	_____	Parishioner - Other Catholic Parish _____
Name _____	_____	Name of Parish _____
Name _____	_____	Non-Parishioner/Non-Catholic _____
<b>Students in Pre-Kindergarten for 2016-2017</b>		<b>Please submit a letter from your parish office</b>
Name _____	_____	<b>** See additional instructions on back of this form.</b>
Name _____	_____	<b>REFERRED BY: _____</b>

**TUITION AND REGISTRATION**

<b>For Office Use Only/Para uso de la oficina escolar:</b>	<b>CHOOSE A PAYMENT PLAN:</b>
Date Registration Forms Received _____	_____ \$50 Fee 12 Month June - May
Total Registration due \$ _____	_____ \$50 Fee 10 Month June - March
Payment date _____ \$ _____	_____ \$50 Fee 10 Month August-May
Cash Ck # _____ Credit _____	_____ \$20 Fee 2 Times Per Year August & January
Balance Due _____	_____ \$20 Fee 1 Pmt - August (\$100 off per child)
	<b>YOU MUST START PAYMENTS IN JUNE IF YOU ARE RECEIVING AID</b>
	<b>CHOOSE A PAYMENT DATE: 5th _____ 20th _____</b>

<b>For Office Use Only / Solo para uso de la oficina escolar</b>						
<b>Student:</b>	<b>Tuition</b>	<b>Multi disc</b>	<b>Other</b>	<b>DEET</b>	<b>PP</b>	<b>TOTAL DUE</b>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>FAMILY TUITION TOTAL</b>						_____

Tuition payments are made through FACTS Tuition Management in monthly payments from June through March or May. Tuition is due based on the agreement you have set up in FACTS. Parents are responsible for all late fees and penalties due with regards to delinquent tuition and incidental invoices. A 3% late fee (with a \$5 minimum) will be charged on all past due tuition payments and incidental invoices. FACTS charges a \$30 returned payment fee for every payment returned by your bank. If there is a recurrence of returned checks, the school will not accept any further payments by check. Payments must then be made by cash, money order, or cashier's check.

**YOU MUST START MAKING PAYMENTS IN JUNE IF YOU ARE RECEIVING FINANCIAL AID. ANYONE WITH AN OUTSTANDING BALANCE FOR PRIOR YEARS WILL NOT BE ALLOWED TO RE-REGISTER FOR NEXT SCHOOL YEAR.** Please see handbook for more information about school financial policies.

Registration fees are non-refundable and due when paperwork is turned in to school. Fee amount will be based on month payment is made, not when paperwork is turned in. Registration is not complete until registration fee is paid AND you have set up a payment agreement in FACTS.

**\*\*If you are registering as a Parishioner, we must have a letter from your pastor every year stating that you are a parishioner in good standing. This includes St. Mary of Carmel parishioners. If parish informs the school you are not in good standing, the parishioner rate will be discontinued for the remainder of the year.**

In addition to tuition and fee payments, families are required to support the school with the following fundraising activities:

Annual Jamaica Carnival: \$20 contribution per family, sell or purchase \$100 in raffle tickets, and each parent work 5 hours

Fall Fundraiser: \$150 per family, items must be sold or bought by the family.

Sunday Breakfast: Donation of time one time per year and \$15 donation to cover expenses for grades PK, 2<sup>nd</sup>, 5<sup>th</sup> and 8<sup>th</sup>

Spring Fundraiser: \$200 in items and/or raffle tickets must be sold or bought by the family.

Each family is also required to complete 25 hours of service to the school **IN ADDITION TO 5 HOURS PER PARENT FOR JAMAICA**

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Los pagos de matrícula se realizan a través de FACTS Tuition Management en mensualidades desde junio hasta marzo o mayo. La matrícula es debida basado en el acuerdo que se ha establecido en FACTS. Los padres son responsables por todos los cargos sobre pagos atrasados. Un cargo de 3% (mínimo \$5) se cobrara sobre todos los saldos atrasados.

**SI ESTÁ RECIBIENDO AYUDA PARA PAGAR LA MATRICULA, TIENE QUE EMPEZAR A HACER PAGOS EN JUNIO. CUALQUIER PERSONA CON UN SALDO DE AÑOS ANTERIORES NO PODRÁ REGISTRARSE PAPA EL PROXIMO AÑO ESCOLAR.** Para más información, consulte la guía de reglas de la escuela.

FACTS cobra \$30 por cada pago automático que es devuelto. Si hay una recurrencia de cheques devueltos, los pagos por cheque no se aceptarán. Luego, los pagos deberán realizarse en efectivo, giro postal o cheque bancario.

La cuota de inscripción no es reembolsable y debe pagarse cuando entrega sus formas. La cantidad de la cuota será calculada de acuerdo con el mes de pago, no cuando entrega sus formas de inscripción. La inscripción no se considera completa si no se ha pagado la cuota Y si no tiene una cuenta de pagos en FACTS.

**\*\*Si es miembro de una parroquia, incluyendo a Sta. Maria del Carmen, necesita obtener una carta cada año verificando que usted es un miembro activo. Si las escuela recibe notificación que usted no es un miembro activo en su parroquia, el descuento para parroquianos será discontinuado.**

Además de la colegiatura y otros cargos, es requerido que cada familia apoye a la escuela en las siguientes actividades:

Jamaica: Contribuir Donativo de \$20 por familia, vender o comprar \$100 en boletos de rifa, y los padres trabajar 5 horas cada uno

Evento del otoño: \$150 por familia, tiene que venderse o ser pagado por la familia

Desayunos los domingos: Donar su tiempo una vez al año y donativo de \$15 para cubrir gastos para los grados PK, 2, 5 y 8.

Evento de la primavera: \$200 en artículos/boletos de rifa tienen que venderse o ser pagado por la familia

Cada familia necesita cumplir 25 horas de servicio a la escuela, **ADEMAS DE LAS 5 HORAS POR CADA PADRE PARA LA JAMAICA.**

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I, the undersigned, attest that I have read and agree to the terms and conditions listed above. Con mi firma confirmo que he leído y estoy de acuerdo con los términos enumerados anteriormente.

Print name of person responsible for payments and relationship to students \_\_\_\_\_

Escriba el nombre de la persona responsable por pagos y su relación a los estudiantes \_\_\_\_\_

**FIRMA / SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_