

FAMILY NAME: _____



at Our Lady of Lourdes + Saint Anne

**Automatic Registration Confirmation
for 2020–2021 School Year**

All information must be completed by the Financially Responsible Person (Parent or Legal Guardian).

I understand my family will **automatically RE-enroll** for the 2020-2021 school year on **March 2, 2020**:

- I will be assessed a **nonrefundable** \$150/Family School Registration Fee by FACTS Mgmt. Co. on or about **3/12/20**.
- I will be assessed tuition rates as listed on page two of this document.
- I will maintain accurate financial and family demographic data with FACTS Mgmt. Co and the school office.
- The payment plan options are listed below. The Seton *business* office must be contacted to make any changes as soon as possible. Please notify: mary.kase@dor.org with any changes.
 - Annual Payment: **Due August 1, 2020**
 - Semi-Annual Payments: **Due August 1, 2020 and January 1, 2021**
 - Ten Monthly EFT Payments: **Due August 1, 2020 –thru- May 1, 2021** (one time \$50 FACTS fee assessed on or about **March 12, 2020**)
- If I choose to **NOT** enroll for the upcoming 2020-2021 school year, I must communicate this **in writing** to **both** the school and business offices. Email can be used. Send to: mary.kase@dor.org and karen.johnson@dor.org.
- Enrollment in the Wrap Around Care program will begin **March 2, 2020**.

By signing below, I understand and agree to the following:

1. I have been provided a copy of the Seton Catholic School “FACTS Tuition Program 2020-2021”.
2. A \$35 late fee will be assessed, per occurrence, on late payments and electronic funds transfers that are declined or checks returned by your financial institution.
3. I understand that delinquent accounts are referred to a collection agency when all other attempts to obtain payment have failed. In this event, I agree to pay all costs related to the collection and/or legal process.
4. I understand that final validation for registration and grade placement for the upcoming school year is dependent upon completion of all financial responsibilities for the current school year.
5. Financial account information may only be shared with the following person/people:

_____ Relationship _____

_____ Relationship _____

Signature of Financially Responsible Person: _____ SS# _____ - _____ - _____

Students’ names and 2020-2021 grades: _____

Relationship to Student(s) (Must be parent or legal guardian): _____

Mailing Address: _____

Street

City

State

Zip

Telephone: Cell _____ Work _____ Home _____

SIGN AND RETURN THIS FORM TO THE SCHOOL OFFICE BY FEBRUARY 28, 2020.