



Saint Mary Magdalen  
Catholic School

**SAINT MARY MAGDALEN CATHOLIC SCHOOL**

**Tuition Contract Form 2017-2018**

Thank you for registering your child(ren) for the 2017-2018 school year at Saint Mary Magdalen Catholic School. Please print all information.

**Family Name:** \_\_\_\_\_

**Parent(s) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

**Name(s) of child(ren) and grade(s) entering in August 2017**

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **Registered Parishioner** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Please indicate if you are choosing part-time for Pre-K 3. \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Please indicate part-time schedule \_\_\_\_\_

**Please indicate your choice for payment of tuition for the 2017-18 School Year:**

\_\_\_\_\_ Option 1- Single Payment Plan for tuition due on July 1, 2017

\_\_\_\_\_ Option 2- Two Payment Plan for tuition due on or before July 1 and December 1

\_\_\_\_\_ Option 3- Monthly Plan...Tuition budgeted over 11 months starting July 20 through May 20 of the current school year.

For option 3 a one-time yearly set up fee of \$35 will be processed within two weeks of the first tuition withdrawal .

**CONTINUED ON BACK**

**NOTE: Saint Mary Magdalen automatic withdrawal plan form not completed by April 1 or changes in Payment Plan Options after April 1 will incur a processing fee of \$50. Families who leave mid-quarter are required to complete tuition payments for the quarter. All tuition payments will be rounded up to the nearest dollar.**

**Name of Responsible Party for Payment Plan:** \_\_\_\_\_

**Address:** ( if different from previous ) \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I agree to the above terms for my child(ren) to attend Saint Mary Magdalen Catholic School.

**Signature of Parent or Guardian:** \_\_\_\_\_

For questions concerning any of the above information, please contact Judy Chiodini at  
314-503-3793 or [judychiodini@hotmail.com](mailto:judychiodini@hotmail.com)



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## SAINT MARY MAGDALEN CATHOLIC SCHOOL

# Registration Form 2017-2018

**Family Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Parish of Residence** \_\_\_\_\_

**Public School District** \_\_\_\_\_

**Public School** \_\_\_\_\_

<u>Child's Name</u>	<u>Entering Grade</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For Office Use Only

Registration Fee (\$200/family)    Date Paid \_\_\_\_\_    Amt. Paid \_\_\_\_\_    Ck # \_\_\_\_\_    Rcd By \_\_\_\_\_

Milk Card ( \$30 each)    Date Paid \_\_\_\_\_    Amt. Paid \_\_\_\_\_    Ck # \_\_\_\_\_    Rcd By \_\_\_\_\_