

# OLMC PRESCHOOL 2017-2018 Registration Packet

## (New Families)

Parent/Guardian 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 & Consolidated Fee** - Cash or check included in the amount of \$200. Make check payable to OLMC. This amount consists of \$100 Family Registration and \$100 Consolidated Fee for one student.

\_\_\_\_\_ **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.

\_\_\_\_\_ **Registration Form**

\_\_\_\_\_ **Birth Certificate**

\_\_\_\_\_ **Baptism Certificate**

\_\_\_\_\_ **Immunization Records**

\_\_\_\_\_ **Photo Release Form** This form gives us permission to photograph students for the yearbook and publicity.

\_\_\_\_\_ **Interview with PreSchool Director (new students only)**

**All above items must be attached to this registration cover sheet and be completed in full to register.**

*Office Use Only Below*

Date Received: \_\_\_\_\_ Received/Reviewed By: \_\_\_\_\_

### 2017-18 Payment Schedule

**Date:**

June 10, 2017

July 10, 2017

July 10, 2017 through April 10, 2018

December 10, 2017

**Payment for:**

Consolidated Fee (per addl student \$100 each)

Tuition (if chose 100% or 50/50 option: 100% or first 50% is due July 10, 2017)

Tuition (10 monthly payments)

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

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## TUITION WORKSHEET

**Registration & Consolidated Fee**

Registration fee per family \$100 and \$100 for first student Consolidated Fee. **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 SurePayed June 10, 2017)** **Total Other Fees Only \$**

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(enter on page 5)

**Tuition**

Tuition per Student - 5 days (M-F) \$4,350.00 \_\_\_\_\_  
(8:05 a.m. – 12:15 p.m.)

Tuition per Student - 3 days (M/W/F) \$3,500.00 \_\_\_\_\_  
(8:05 a.m. – 12:15 p.m.)

Tuition per Student - 2 days (T/TH) \$2,900.00 \_\_\_\_\_  
(8:05 a.m. – 12:15 p.m.)

**Total Tuition Only \$**

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(enter on page 5)

**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 4)

**Tuition Payment Plan Select One**

- Pay 100% option - due July 10, 2017
- Pay 50/50 option – 1<sup>st</sup> 50% due July 10, 2017 and 2<sup>nd</sup> 50% due by December 10, 2017
- Pay 10 monthly payment option – July 10, 2017 through April 10, 2018
- Stewardship Household

**Extended Care Payment Plan Select One (from page 3)**

- Pay 100% option - due Aug 25, 2017 (\$\_\_\_\_\_)
- Pay 50/50 option – 1<sup>st</sup> 50% due Aug 25, 2017 and 2<sup>nd</sup> 50% due by December 25, 2017 (\$\_\_\_\_\_)
- Pay 10 monthly payment option– Sept 25, 2017 through June 25, 2018(\$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 30, 2017 or tuition will be charged effective July 10, 2017.
- 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 <sup>nd</sup> Student 10% of one tuition)	\$<_____>
Registered at another Roman Catholic Parish with Verification (Student(s) 1,2 see above)	\$<_____>
OLMC Stewardship Family (5 day = \$4350, 3 day = \$3500, 2 day = \$2900)	\$<_____>
Other: _____	\$<_____>
<b>Estimated Total Scholarship(s)</b>	<b>Total \$&lt;_____&gt;</b>
	(enter on pg 5)

**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 SurePaid monthly on the 25<sup>th</sup> or the first business day after the 25<sup>th</sup> of the following month, September 2017 through June 2018. 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, 2017 – April 30, 2018)
- \_\_\_\_\_ 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 3) \$ \_\_\_\_\_ To be SurePayed in June (less any FFT or acct credit).  
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**TOTAL FEES ONLY**

Standard Tuition (from page 3) \$ \_\_\_\_\_  
 Scholarship-estimated (from page 4) \$ < \_\_\_\_\_ >  
**Total Estimated Tuition** \$ \_\_\_\_\_ To be SurePayed July-April.  
 =====  
**TOTAL ESTIMATED TUITION ONLY**

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, 2017 for the 2017/2018 school year.

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# Our Lady of Mount Carmel PreSchool

2115 S. Rural Rd. – Tempe, Arizona 85282

## 2017-2018 Enrollment Contract

\*\*\***PRINT LEGIBLE**\*\*\*

Have current OLMC Grade School student? Y - N

**PARENT/GUARDIAN**

**FAMILY**

**NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_  
Last First

**FINANCIALLY RESPONSIBLE:** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**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 2017)**

Name – Last & First	Grade Entering

**(NON-REFUNDABLE) FEE SCHEDULE**

		PAID	DATE & CK#
Registration Fee                      \$100.00 per family (due at application time for new family)	Total: _____	_____	____/____/____
Consolidated Fee                      \$ 100.00 per student(1 student fee due at application time for new family)	Total: _____	_____	____/____/____
	<b>Total:\$</b>	<b>&lt;</b>	<b>&gt;</b>
		=====	=====
	<b>Balance Fees Due: \$</b>		=====

Tuition Rates (PreSchool)	5 Days	3 Days	2 Days
Standard Tuition	\$4,350.00	\$3,500.00	\$2,900.00
Members of OLMC <b>&lt;or&gt;</b> Members of another Roman Catholic Parish <b>with verification.</b>	\$3,950.00	\$3,100.00	\$2,500.00
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 10<sup>th</sup> of each month or the first business day after the 10<sup>th</sup> 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, 2017 or paid 50% by July 10, 2017 and balance by Dec. 10, 2017. 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 / No</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 10<sup>th</sup> SurePay will be taken as a May 10<sup>th</sup> SurePay. This authority is to remain in effect for the 2017/2018 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 **10<sup>th</sup> of each month (or first business day after the 10<sup>th</sup>)** and **Extended Care** will be withdrawn on the **25<sup>th</sup> of each month (or first business day after the 25<sup>th</sup>)**.

*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 20<sup>th</sup> 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: \_\_\_\_\_, 2017

FAMILY Last Name: \_\_\_\_\_

(Print Clearly)

STUDENT Full Name: \_\_\_\_\_

(Oldest Student)

(Print Clearly)

**ATTACH VOIDED CHECK**  
**(Not Deposit Slip)**

**<or>**

Credit Card # _____	Exp. Date _____	Three #'s on back _____
(Visa/Mastercard/AMEX/Discover)	(MM/YY)	(security #'s)
<b>(DEBIT CARDS NOT ACCEPTED)</b>		
Zip Code for Credit Card _____		

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