

St. Francis de Sales-St. Stephen School
2022-2023 Family Registration Contract

Parishioner

 Home Parish Registered
 Non-Parishioner

Registration/Health Forms Needed for
 Kindergarten Pre School
 Fees: Registration \$100 per child Amt Paid
 (maximum \$200 per family) \$ _____

Family Name _____ Telephone _____
 (last) (first)

Address _____

Children: _____
 2022-23
Grade: _____

We realize the cost of educating each child at St. Francis-St. Stephen School is more than \$7,400 yearly.
 We agree to pay the full amount of \$7,400 per child.

Parishioner Rates August 1
Annual tuition*

1 child	\$ 4,185.00	<input type="checkbox"/>
2 children	6,070.00	<input type="checkbox"/>
3 children	7,275.00	<input type="checkbox"/>
4+children	7,995.00	<input type="checkbox"/>

FACTS MANAGEMENT SYSTEM PLANS**

Aug/Jan. <u>Semi-Annual</u>	Aug./Oct./Jan./April <u>Quarterly</u>	Aug-May. <u>Monthly</u>
\$ 2,092.50 <input type="checkbox"/>	\$1,046.25 <input type="checkbox"/>	\$ 418.50 <input type="checkbox"/>
3,035.00 <input type="checkbox"/>	1,517.50 <input type="checkbox"/>	607.00 <input type="checkbox"/>
3,637.50 <input type="checkbox"/>	1,818.75 <input type="checkbox"/>	727.50 <input type="checkbox"/>
3,997.50 <input type="checkbox"/>	1,998.75 <input type="checkbox"/>	799.50 <input type="checkbox"/>

Non-Parishioner Rates August 1
Annual tuition*

1 child	\$ 5,980.00	<input type="checkbox"/>
2 children	8,055.00	<input type="checkbox"/>
3 children	9,155.00	<input type="checkbox"/>
4 children	9,875.00	<input type="checkbox"/>

FACTS MANAGEMENT SYSTEM PLANS**

Aug/Jan. <u>Semi-Annual</u>	Aug/Oct./Jan./April <u>Quarterly</u>	Aug.-May <u>Monthly</u>
\$ 2,990.00 <input type="checkbox"/>	\$ 1,495.00 <input type="checkbox"/>	\$ 589.00 <input type="checkbox"/>
4,027.50 <input type="checkbox"/>	2,013.75 <input type="checkbox"/>	805.50 <input type="checkbox"/>
4,577.50 <input type="checkbox"/>	2,288.75 <input type="checkbox"/>	915.50 <input type="checkbox"/>
4,937.50 <input type="checkbox"/>	2,468.75 <input type="checkbox"/>	987.50 <input type="checkbox"/>

My family can afford to pay the following amount annually. \$ _____

Actual tuition may vary if it is found that a family is eligible for financial assistance. An award letter will be sent as soon as all application materials have been received and processed by FACTS. I/we have checked the box above indicating the tuition payment plan I/we shall use for the 2022-2023 school year.

If I choose to use any of the above payment plans (except annual) I understand I must use FACTS Management System, at a yearly cost of \$10.00 for semi-annual payments or \$45.00 for quarterly & monthly payments.

If I choose the annual tuition option, and do not make payment in full by September 1st, I will be obligated to use the FACTS Management System.

Signature _____ Date _____
 Checks should be made payable to St. Francis de Sales - St. Stephen School or SFSS.

STUDENT REGISTRATION RECORD

DIOCESE OF ROCHESTER

ELEMENTARY SCHOOLS

PLEASE COMPLETE ONE FORM FOR EACH CHILD BEING REGISTERED

Registration for St. Francis de Sales – St. Stephen School

Date of Registration _____

Date of entrance into new school _____

Grade Level Entering _____

Please Print

NAME _____ M _____ F _____
Last Name First Name M.I.

ADDRESS _____ PHONE _____
Street

CITY/TOWN _____ STATE _____ ZIP CODE _____ SCHOOL DIST. OF RESIDENCE _____
City/Town State Zip Code

BIRTHDATE _____ BIRTHPLACE _____

Please check all that apply:

Native American _____ Black _____ Asian/Pacific Islander _____ Hispanic _____ White (not Hispanic) _____

More than one ethnicity (please describe) _____

LAST SCHOOL ATTENDED (if any) _____ GRADE _____

STREET _____ CITY/TOWN _____ STATE _____ ZIP CODE _____
Street City/Town State Zip Code

CHILD LIVES WITH _____ RELATIONSHIP TO STUDENT _____

PARENTS/GUARDIANS (As you wish your name(s) to appear on official communication)

PREFIX(ES) _____ FIRST NAME _____ M.I. _____ LAST NAME _____ SUFFIX _____

STREET _____ CITY/TOWN _____ STATE _____ ZIP CODE _____
Street City/Town State Zip Code

MEDICAL INSURANCE COMPANY _____ POLICY # _____

Person to be contacted in case of medical emergency if parent/guardian cannot be reached:

NAME: _____ PHONE # _____ Relationship _____

Student's Religion _____ Family Registered in _____ Parish/Church _____

Baptism: Date _____ Church _____ Location _____
First Eucharist: Date _____ Church _____ Location _____
First Penance: Date _____ Church _____ Location _____
Confirmation: Date _____ Church _____ Location _____

FOR OFFICE USE ONLY

VALIDATION OF RECORDS

Birth Certificate: _____ Baptismal Certificate: _____

Immunization Record: _____

NEW STUDENT REGISTRATION – FAMILY INFORMATION

PLEASE COMPLETE ONE FORM FOR EACH FAMILY

St. Francis de Sales – St. Stephen School

Please Print

	Parent/Guardian	Parent/Guardian	Family Representative
Name: Last			
First, M.I.			
Address: Street			
City/Town			
State			
Zip Code			
Email Address:			
Birthdate:			
Birthplace:			
Religion:			
Last Grade of School Completed:			
Occupation:			
Work Address:			
Work Phone:			
Other Language(s) spoken in the home:			
Marital Status:			
Previous Surname(s):			
Other children in the family:	First	Last	Date of Birth
Name:			
Name:			
Name:			
Name:			