



**SS. PETER AND PAUL
PRESCHOOL/KINDERGARTEN
SUMMER ENRICHMENT REGISTRATION
2018**

I wish to register my child(ren) for the 2018 Summer Enrichment Program. **I have enclosed a \$50.00 non-refundable re-registration fee for each child re-registering. I understand that this fee is NOT applied toward my child's tuition.** Please indicate name and age of each child registering for the summer of 2018.

My family name is _____.

_____	_____	SESSIONS OFFERED: <i>(please indicate letter of choice next to student name)</i>
Student	Age	A. REGULAR DAY (M-F 8AM-3PM) - \$1700.00
_____	_____	B. EXTENDED DAY (M-F 8AM-5:30PM) - \$2300
Student	Age	C. MON., WED., FRI. 8AM-3PM- \$1050
_____	_____	D. MON., WED., FRI. 8AM-5:30 PM- \$1425.00
Student	Age	

Please indicate any changes from last year's registration below:

1st Parent/Guardian Signature _____ Date _____

2nd Parent/Guardian Signature _____ Date _____

Both parents MUST sign this agreement before your child(ren) will be enrolled. It is the policy of Ss. Peter & Paul School, in cases of divorce or separation, that BOTH parents are responsible for 100% of the tuition. ALL FEES AND PAYMENTS ARE NON-REFUNDABLE.

Please complete the following and return:

1. Tuition Payment Form (on reverse side)
 - A. If you used FACTS ACH checking or savings last year we will electronically re-enroll you.
 - B. Families new to FACTS **MUST** complete the FACTS Automatic Tuition Payment Agreement online at the time of re-registration. The FACTS payment plan can be accessed right from our school's website.
2. Emergency/Medical Awareness Card
3. A signed "Walking Field Trip" permission slip
4. A copy of your child's immunization records signed by a physician (if not already on file).

PLEASE RETURN THIS FORM WITH YOUR \$50 REGISTRATION FEE AND THE TUITION PAYMENT FORM (on reverse) AS SOON AS POSSIBLE AS THERE ARE LIMITED SPACE IN OUR SUMMER PROGRAM.

****PLEASE COMPLETE BOTH SIDES****

5480 Main Street, Williamsville, NY 14221
Phone 632-6146 Fax 626-0971
www.ssppschooll.com

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SAINTS PETER AND PAUL SCHOOL

5480 Main Street, Williamsville, New York 14221

Phone: 716.632.6146 Fax: 716.626.0971

WWW.SPPSCHOOL.COM

TUITION PAYMENT FORM

This form must be completed by all parents with students attending Saints Peter and Paul School before the enrollment process can be fulfilled.

Summer Year: _____ M-F Regular Day _____ M-F Extended Day _____
(8am-3pm) (8am-5:30pm)
MWF Regular Day _____ MWF Extended Day _____

1st Parent/Guardian Name: _____

2nd Parent/Guardian Name: _____

Address of Responsible Parent/Guardian: _____

City _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name(s) of Students:

1. _____ 3. _____

2. _____ 4. _____

TUITION FOR THE SUMMER PROGRAM: _____ (FILL IN AMOUNT)

TUITION FOR THE SUMMER PROGRAM WILL BE PAID BY: (CHOOSE ONLY ONE METHOD)

OPTION #1: PAYMENT IN FULL

Single payment due on or before *May 30th*, payable directly to Ss. Peter and Paul Church. If payment-in-full is *not received* on or before the due date, options for payment must be made through FACTS by choosing a method listed below.

OPTION #2: MONTHLY PAYMENTS VIA FACTS MANAGEMENT COMPANY

Automatic bank payments (ACH) through your checking or savings account may be made on either the 5th or 20th of each month, beginning in June and ending in July. There is a \$43 annual FACTS Enrollment fee**. *All families MUST* enroll in the FACTS program, which can be completed online at the time of registration. The FACTS link is accessible from our school's website. **The FACTS enrollment Fee will be automatically deducted from your specified account within 14 days of the date your agreement is posted to the FACTS system.

- IT IS THE POLICY OF Ss. PETER AND PAUL SCHOOL, IN CASES OF DIVORCE OR SEPARATION, THAT BOTH PARENTS ARE RESPONSIBLE FOR 100% OF THE TUITION.
- WE AGREE TO MAKE 100% OF TUITION PAYMENTS FOR THE CURRENT SCHOOL YEAR ACCORDING TO ONE OF THE OPTIONS LISTED ABOVE.
- BOTH PARENTS MUST SIGN THIS AGREEMENT BEFORE YOUR CHILD[REN] WILL BE ENROLLED.

1ST PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

2ND PARENT/GUARDIAN SIGNATURE: _____ DATE: _____