

St. Catherine of Siena School

335 N. Sycamore Ave. Rialto, CA 92376
909-875-7821 Fax 909-875-7948

2009/10 FINANCIAL RESPONSIBILITY

Check one: _____ Mr. & Mrs. _____ Mr. _____ Mrs. _____ Ms.

Family Name _____
Last First Middle Initial

Street Address _____

_____ City State Zip

Home Phone (____) _____ Cell Phone (____) _____

PAYER INFORMATION (payer signature required on back page)

Payer's Name: _____

Mailing Address _____
(if different from street address)

_____ City State Zip

Home Phone (____) _____ Work Phone (____) _____

Employer _____

Employer Address _____

Social Security Number: _____

Relationship to Student(s): _____

PARENT INFORMATION

Father's Name: _____

Social Security Number: _____

Mother's Name: _____

Social Security Number: _____

(This sheet due as part of registration process. Signature required on back.)

Referred By: _____

2009/10 TUITION PAYMENT AGREEMENT

I agree to complete the financial obligations to St. Catherine of Siena School as described and chosen below.

- I understand that a service charge of \$25.00 will be assessed for each late payment.
- I understand that a service charge of \$25.00 will be assessed for each returned check. If two of my checks are returned during the same school year, I understand that only cash or cashier's check will be accepted thereafter.
- I understand that if my payment is not made by the end of each current month I will be contacted by the school's finance council for payment of the delinquent tuition/fees and my child/ren may be dismissed from St. Catherine of Siena School.
- I am aware that my tuition does not cover the cost of educating my child(ren) on plans B and C and I agree to fulfill the obligatory PIP hours or be assessed \$25.00 for each hour not completed by May 31st, 2010. If I sign up to work a project/event and I do not show up I will be assessed extra hours immediately following the event.
- I understand that fundraising is mandatory on plans B and C and that I will be billed on September 1, 2009.

I agree to pay the registration fee of \$ _____ to St. Catherine of Siena School due at the time of registration.

I choose plan A ___ B ___ C ___ and agree to make payment on the 1st ___ or 15th ___ of each month to St. Catherine of Siena School in 10 ___ 11 ___ or 12 ___ installments of \$ _____ each. A late fee of \$25.00 will be assessed for payments received 5 days after the date tuition is due.

Or:

I agree to pay a single payment of \$ _____ to St. Catherine of Siena School.

Payer Signature

Date

Print Name