



SAINT THERESE CARMELITE SCHOOL
Enrollment Contract for New Families 2023-2024

Please read carefully and complete all necessary fields. Return this completed contract with your non-refundable registration fee of \$250 per child within 10 business days of your acceptance letter for the 2023-2024 academic school year.

I/We would like to enroll: *Additional Students on Back

**If enrolling a TK and/or a K student, please indicate whether your child is attending Half Day or Full Day.*

		*TK-K Students
Student Name	Grade in Fall	Half or Full
Student Name	Grade in Fall	Half or Full
Student Name	Grade in Fall	
Student Name	Grade in Fall	

As indicated by my signature below, I acknowledge that I have read the Saint Therese Carmelite School (STCS) Tuition, Fees, and Commitments in which my financial obligations and commitments are enumerated. I agree to abide by the policies that are written in the STCS Tuition, Fees and Commitments, Enrollment Contract and Parent and Student Handbook and any/all Addendums. I understand that STCS reserves the right to revoke this contract based on my student(s)' academic performance, conduct, and adherence to school policies and/or on parental support of the school and financial obligations.

Signature of Father/Guardian	Print Name of Father/Guardian	Date
Signature of Mother/Guardian	Print Name of Mother/Guardian	Date

Tuition Payment Options (Initial one):

_____ **PAYMENT IN FULL** by August 10, 2023
All families are required to register with FACTS within two weeks of signing the Re-Enrollment Contract when choosing either of the following options:

_____ **PAYMENT IN 2 INSTALLMENTS:** August and January through FACTS Tuition Mgmt Co.
Non-refundable FACTS enrollment fee will apply

_____ **10 MONTHLY PAYMENTS:** July – April or August–May made through FACTS Tuition Mgmt Co.
Non-refundable FACTS enrollment fee will apply

Book Fee Payment Options (Initial One):

_____ **PAYMENT IN FULL** by August 10, 2023

_____ **Please add my Student Fee to my FACTS** tuition payment option marked above.

Annual Fund Payment Pledge:

\$ _____ I will commit to this amount to help bridge the cost-of-education gap. (Minimum is \$500.)

Annual Fund Payment Options (Initial One):

_____ **PAYMENT IN FULL** by August 10, 2023

_____ **Please add my Annual Fund to my FACTS** tuition payment option marked above.

Signature of Responsible Financial Party	Print Name	Date	
Street Address	City	State	Zip Code
Telephone (Indicate: Home/Cell/Work)	E-mail Address		

Office Use Only

Acceptance of Contract	Date
Registration Fee:	Graduation Fee:
Book Fee:	Service Hours:
Tuition Total:	Annual Fund:
Financial Aid:	Fundraising:
Tuition Balance:	Daycare:
FACTS:	Other:
Balance Due:	

Additional Students

		*TK-K Students
Student Name	Grade in Fall	Half or Full
Student Name	Grade in Fall	Half or Full
Student Name	Grade in Fall	
Student Name	Grade in Fall	

[illegible]