



Sacred Heart School
 50 Sacred Heart Drive
 Groton, CT 06340
 PHONE: 860-445-0611 FAX: 860-448-4999

Enrollment Form

2008-2009

Child's Full Name	Grade 08-09	Female/Male	Birth Date	Place of Birth (City, State)

Street Address: _____ City/Zip: _____

Home Phone #: _____

Father's Information:

Full Name: _____ Home #: _____

Place of Employment _____ Occupation: _____

Work#: _____ Cell/Beeper#: _____ Email _____

Mother's Information:

Full Name: _____ Home #: _____

Place of Employment _____ Occupation: _____

Work#: _____ Cell/Beeper#: _____ Email: _____

Child lives with: Both Parents Mother Father Guardian/Other

Emergency #'s (only those listed will be allowed to pick up your child from school unless a note is sent)

Name	Phone Number

Please circle your ethnicity: Asian Pacific Island African American Caucasian
 Hispanic American Indian Multiracial

Primary Language spoken at home: _____

Please Check one of the Following:

_____ Catholic/Parishioner/Sacred Heart Church/Groton

_____ Catholic/Non-Parishioner: registered at (parish name): _____

_____ Catholic/No parish

_____ Non-Catholic

*My child will be making First Holy Communion in the 2008-2009 academic year: YES NO

*We must have a copy of your child's baptismal certificate on file before the start of school. If your child has not been baptized, you will need to make arrangements with the Director of Faith Formation, at 445-2905

I understand the enrollment fee in the amount of **\$460.00** is due upon registration and is non-refundable _____ (initials)

I have read the attached information and understand that my tuition will be \$ _____

Students new to Sacred Heart School only: I understand that all academic and medical records for my child(ren) must be received by the school prior to my child's admission and attendance _____ (initials)

Special Services:

_____ **My child has an IEP (Individualized Education Plan) from a previous school and receives assistance. I will provide the appropriate documentation of this plan to Sacred Heart School prior to my child(ren's) acceptance. I understand my child(ren's) acceptance is conditional based on whether resources are available to serve their specific needs.**

Parents signature: _____ Date: _____

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FOR OFFICE USE ONLY

Amount Paid \$ _____ Check# _____

Date: _____

Received by _____



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SACRED HEART SCHOOL
 TUITION RATES 2008-2009

The enrollment fee is \$460.00. This payment is non-refundable. Tuition is payable monthly by automatic payment or in full before July 1, 2008.

Pre-K

Pre-K 3 year old (3 years old by 8/31/08) \$2,650.00 per year
 Mon – Fri AM only

Pre-K 4-year-old \$2,650.00 per year

Kindergarten- 8th grade:

Catholic Families with Sacred Heart Parish Affiliation*	1 st child	\$2,750.00 per year
	2 nd child	\$2,550.00 per year
	3 rd child	\$2,350.00 per year
	4 th child	free

Catholic Families with other parish affiliation*	1 st child	\$2,800.00 per year
	2 nd child	\$2,600.00 per year
	3 rd child	\$2,400.00 per year
	4 th child	free

Catholic Families with no parish affiliation	each child	\$3,550.00 per year
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Non-Catholic Family	each child	\$3,550.00 per year
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*Per Diocesan policy, parishes are required to subsidize all active parishioners. If you are an active parishioner, you must have the Parish Affiliation Form approved by your Pastor prior to the first SMART Payment. If your Parish Affiliation Form is not returned, or is denied, your tuition will automatically be adjusted to the Catholic Families with no parish affiliation rate, which is \$3,550 per child.

2008-2009 FINANCIAL COMMITMENT FORM

Family Name (please print): _____

Please select payment method for your family by initialing your choice and signing the bottom.

In order to process your enrollment form, the enrollment fee of **\$460.00** must accompany this paperwork. This payment is non-refundable. Tuition is payable monthly by automatic payment or in full before July 21, 2008. Registrations will not be processed without payment. There is a \$30.00 fee charged for a checked returned for ANY reason.

_____ Method #1: **Automatic Withdrawal- SMART program.** I have filled out and signed the SMART form including my Social Security number and bank account number as well as included a voided check. A registration form must be filled out and returned to the school before MARCH 31, 2008. **Existing families currently enrolled in SMART do not need to resubmit forms; SMART will charge a \$38.00 fee for this service**

10th of the month _____ 20th of the month _____ 30th of the month _____

_____ Method #2: **Single Payment Plan-** I understand that the total amount of my tuition is due by July 21st, 2008. I also understand that if I pay the full amount before June 16th, 2008, I can deduct an additional \$25.00 per child. I also understand that there is a \$30/month late fee and that there is a \$30.00 returned check fee for checks returned to us for any reason.

I am aware that all active parishioners must have their Parish Affiliation Form approved by their Pastor. I am also aware that if my Parish Affiliation Form is not returned, with this registration form, or is denied, my tuition will automatically be adjusted to the Catholic Families with no parish affiliation rate, which is \$3,550 per child.

Signed: _____ **Date:** _____