

FARLEY CAMPUS
210 Second Ave SE
Farley, Iowa 52046
563.744.3290



PEOSTA CAMPUS
7597 Burds Road
Peosta, Iowa 52068
563.556.5967

2018 – 19 REGISTRATION FORM

TUITION ASSISTANCE IS AVAILABLE ONLINE AT: <https://online.factsmgt.com/signin/3ZG8Z>

PLEASE RETURN THIS FORM WITH PRE-REGISTRATION FEE BY: FRIDAY, FEBRUARY 2, 2018

Current Seton families will be given priority until this date.

PLEASE FILL IN YOUR FAMILY NAME, STUDENTS ATTENDING SETON AND CHILDREN NOT YET IN K-8 SCHOOL.

Family Name _____ Phone _____
Last Name Father Mother

Address _____

City _____ State _____ Zip Code _____

Family email address: _____
Email address you check frequently

| NAMES OF STUDENTS | Gender | Ethnicity | Grade (2018-19) | Birthdate |
|-------------------|--------|-----------|--------------------|-----------|
| | | | | |
| | | | | |
| | | | | |

| CHILDREN NOT IN SCHOOL (preschool) | Gender | Age | Birthdate |
|------------------------------------|--------|-----|-----------|
| | | | |
| | | | |

| TUITION FOR 2018 - 2019 | | TECHNOLOGY FEE | |
|-------------------------|---------|----------------|----------|
| First Child | \$2,000 | Third Child | \$1,950 |
| Second Child | \$1,975 | Out of Parish | \$2,425 |
| | | K – 5 | \$ 40.00 |
| | | 6 – 8 | \$120.00 |

*** In addition to tuition, each family will be required to purchase \$1,000 in Scrip during the 2018-19 school year.**

THE PRE-REGISTRATION FEE IS \$50.00 PER FAMILY. THIS WILL BE APPLIED TO NEXT YEARS TUITION. IF YOUR CHILD DOES NOT ATTEND SETON THIS IS NOT REFUNDABLE.

CHECK HERE IF YOU LIVE OUTSIDE OF THE WESTERN DBQ. DISTRICT

Member of (select one):

- St. Clement-Bankston
- St. John-Peosta
- St. John-Placid
- St. Joseph-Farley
- St. Patrick-Epworth
- Other: _____

Registration form continued on 2nd page

If there have been any changes since January of 2017, when you last filled out this Pre-Registration form, please indicate those below, even if you called or sent changes during the school year. If all information is the same, simply check here and return form and fee.

Address _____
City _____ State _____ Zip Code _____
Cell Phone: (Mom) _____ (Dad) _____
E-Mail: (Mom) _____ (Dad) _____
Mother's Name (maiden/first) _____ Religion _____
Father's Name _____ Religion _____
Step Parent (if applies) _____
Non Resident Parent (If applies) _____ Address: _____
Phone: _____

PLEASE FILL OUT PARENT WORK INFORMATION BELOW:

Mother's Employer _____ Phone _____
Occupation _____
Father's Employer _____ Phone _____
Occupation _____

Is it okay to contact you at work? Mother: Yes No Father: Yes No

Medical Alert: _____
(Specific allergy or health problem that would be considered a medical alert)

Contact Person #1: Person and phone number to be called in case of emergency (someone available to pick up your child if sick and you cannot be reached):

_____ Phone - Home: _____
Name (Relationship) Cell: _____

Contact Person #2: Person and phone number to be called in case of emergency (someone available to pick up your child if sick and you cannot be reached):

_____ Phone - Home: _____
Name (Relationship) Cell: _____

Have the above persons agreed to assume this responsibility? YES ___ NO ___

Name of Doctor: _____ Phone _____
Name of Dentist: _____ Phone _____
Name of Hospital: _____ Phone _____

To submit, download form and save as a PDF and send by email to m.smock@dbqarch.org or print and mail with fee to: 7597 Burds Road, Peosta, IA 52068.