

2019 – 20 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 1, 2019

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 (Entering)	Birthdate

CHILDREN NOT IN SCHOOL (preschool)	Gender	Age	Birthdate

TUITION FOR 2019 - 2020		TECHNOLOGY FEE	
First Child	\$2,100	Third Child	\$2,050
Second Child	\$2,075	Out of Parish	\$2,525
		K – 5	\$ 50.00
		6 – 8	\$130.00

THE PRE-REGISTRATION FEE IS \$50.00 PER FAMILY. THIS WILL BE APPLIED TO NEXT YEARS TUITION AND IS REQUIRED TO ENSURE ENROLLMENT. 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: _____

If there have been any changes since January of 2018, 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, 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.