

Pre-School Tuition Policy

School Year 2008-2009

Tuition for St. Rose Pre-School is formulated on a yearly basis as follows:

Registration fee \$25.00

3 day A.M. session Mon, Wed, Fri 9:00 a.m. – 11:30 a.m.	Annual \$1,500.00	Monthly \$200.00 seat fee \$130.00 per month for 10 months
5 day A.M. session Mon – Fri 9:00 a.m. – 11:30 a.m.	\$2,500.00	Monthly \$200.00 seat fee \$230.00 per month for 10 months
5 day full day session Mon – Fri 9:00 a.m. – 3:00 p.m.	\$3,800.00	Monthly \$200.00 seat fee \$360.00 per month for 10 months

Seat fee will be due upon acceptance of registration. This will reserve your child's place in our pre-school. Your child is not fully registered for next year until we receive the seat fee. You have the following payment options:

- **Monthly schedule by Coupon Book**

Parents who choose this option will receive a coupon book and be required to make 10 equal payments between July 10, 2008 and April 10, 2009.

- **Monthly Payment Schedule by Checking/savings Account Deduction or Credit card**

Parents who choose this option will have 10 equal payments automatically withdrawn from your bank account or charged to your credit card between July 10, 2008 and April 10, 2009.

- **Check-by-phone or Internet**

The Smart payment schedule of July to April cannot be altered. Late registration will result in fewer monthly payments, which in turn results in higher payment amounts.

St. Rose School
21 Church St.
East Hartford, CT 06108
860-528-4169

Pre-Kindergarten Registration Form

Child's Name _____ **Nickname** _____

Date of Birth _____ Social Security # _____
Must be on or before 12/31/04

Home address _____
Street city state zip

Father's Name _____ **Phone(home)** _____

Father's Address _____

Place of Employment _____ **Phone(work)** _____

Cell Phone _____ **E-Mail** _____

Mother's Name _____ **Phone(home)** _____

Mother's Address _____

Place of Employment _____ **Phone(work)** _____

Cell Phone _____ **E-Mail** _____

Child lives with: _____ both parents _____ mother _____ father _____ other. If other,
please list name _____ and relationship to child _____

Language spoken at home _____

St. Rose School accepts students from different religions, races, and ethnic backgrounds.
Ethnic Information _____ Asian _____ Black _____ Hispanic _____ White _____ Multi Racial
_____ American Indian/Native Alaskan _____ Native Hawaiian/Pacific Islander

Please circle one to indicate if you are Catholic: yes no If yes, please list Parish name
and envelope number: _____

Please choose one of the following: _____ 3 day A.M session (M,W,F)
_____ 5 day A.M session
_____ 5 day full day session

Return this form to St. Rose School along with \$25.00 registration fee and copy of birth
certificate.