

Holy Name Parish School

West Roxbury, MA

PLEASE PRINT THE FOLLOWING INFORMATION

Parents Name: First _____ Last _____

First _____ Last _____

Street Address: _____

City: _____ Zip Code _____

Home Phone Number: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: Name _____ Cell Phone: _____

In - parish consideration will be monitored regularly. The normal way of validation of attendance is through envelope use. Although we feel this is not the most comprehensive way of monitoring mass attendance, it is the best way we have at the moment. We acknowledge there are obvious exceptions to this policy due to illness, vacations, etc. The Pastor will make the final decision regarding in/out parish status.

Are you a Registered Parishioner? YES NO

Do you use the envelopes Weekly? YES NO Envelope # _____

Do you use Parish Pay? Yes NO

All families need to complete appropriate volunteer hours for the school year. If hours are not completed \$200 will be added to your tuition.

Child's Name (First name only – unless different last name than parent)	Grade in September 2010

There are **2 Payment Plans** available for you to select below:

_____ **Plan A:** Pay in Full by June 1, 2010 - Pay full tuition by June 1, 2010 and receive a \$100 Family Discount. (This is a \$100.00 discount per family - not per child)

_____ **Plan B:** FACTS Management Plan (10 Month Tuition Budget Plan)

Tuition is automatically deducted from your checking or savings account (statement savings only - no passbook accounts) on the 5th or 20th of each month beginning with July 2010 and continues for 10 months through April 2011. There is a \$38.00 Application Fee each year to implement this plan. There are no other associated costs, however, if the funds are not available in your account at the time of the deduction, you will be charged a \$25.00 fee along with any of your own bank fees. The make-up payment will automatically occur on the 5th day of the following month for those who have deductions on the 20th and on the 20th day of the following month for those who have deductions on the 5th. To join this plan you must complete a FACTS Form. If your deduction will be from a Checking Account you must include a voided check attached to your form and signed by the person whose name appears on the account.

Parent or Guardian Signature: _____ Date: _____