

**Registration
2016-2017 School Year**

_____ My child(ren) will be attending Sacred Heart of Jesus School for the 2016-2017 school year. (Please include any child(ren) who will be entering our Pre-Kindergarten or Kindergarten program for the 2016-2017 school year.)

Name of Child

2016-2017 Grade

Name _____ **Phone #** _____ **Email** _____

Address _____

Signature _____ **Date** _____

_____ My child(ren) **will not be** returning to Sacred Heart of Jesus School 2016-2017 school year.

Please share your reasons with us:

Name _____

Signature _____ **Date** _____

Tuition Payment Plan

Please choose the tuition plan that you will be following for the 2016-2017 school year.

_____ **Option 1:** Payment in full by July 1, 2016 – 3% discount granted.

_____ **Option 2:** Monthly Electronic Deductions:

_____ 10 monthly installments beginning September 15, 2016
and ending on June 15, 2017.

_____ 12 monthly installments beginning July 1, 2016
and ending on June 1, 2017.

Name _____ Phone # _____

Bank Routing Number _____

Bank Account Number _____

***Please attach a
voided check**

Please check one Checking _____ Savings _____

I hereby authorize Sacred Heart of Jesus School to initiate debit entries to the account indicated above. I authorize these automatic deductions on the above stated date of each month beginning July 1, 2016 through and including June 15, 2017, or until Sacred Heart of Jesus School receives my written notice of termination and has a reasonable opportunity to act on it. NSF fee is \$25.00.

Signature _____ Date _____

Signature _____ Date _____

(Required if joint account)

This form, *along with a voided check*, must be returned with your registration form. If you have any questions please call Jeff Flaherty at the parish center at (330) 336-3049 or email: JEFF@SHOFJESUS.COM