



St. Helen School

New Family Registration Form

2019-2020 School Year



Family Name: _____

Mailing Address: _____

City and Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

School District: _____

Public school you would attend if you did not attend St. Helen School: _____

NAME OF CHILD

GRADE FOR 2019-2020

Registration fee of \$175.00 is due at the time of registration per child
(maximum of \$525.00 for families of three or more children)
Registration fee is non-refundable

Amount enclosed: \$ _____ Please make all registration checks payable to St. Helen School

Please check box if you have paid your registration fee through "Online Giving"

All families registered and paid by Friday, March 29, 2019, will be entered into a drawing for a chance at one of two free registration fees. A value of \$175 each.

Please return this form with payment by Friday, March 29, 2019.

(Please complete reverse side)

Tuition Rates

_____ We are registered and practicing members of St. Helen Catholic Church and are eligible for the Parishioner Tuition Rate.

_____ We are registered and practicing members of another Catholic Church _____ and agree to pay the Non-Parishioner Tuition Rate. (Please indicate other Catholic Church)

_____ We are not registered or practicing members of a Catholic Church and agree to pay the Non-Parishioner Tuition Rate.

Tuition statements will be emailed. Please provide your preferred email address on the line below:

Credit Card Payment

To pay by credit card or ACH payments go to www.sthelen.com then click on the Online Giving link and go to create an account. Once that is complete, select fund: School Tuition or Preschool Tuition. If you want to set up recurring payments, select “pledge” and put in full year tuition amount. Then enter your monthly payment amount. If you would like to make a one-time payment, select “onetime”. Please call the Parish Office at 440-564-5805 if you need further information or help.

Method of tuition payment: (please check only one)

_____ One-time payment in full due by June 15, 2019 (will receive a 2% discount when paid in full)

_____ Two equal payments due July 15, 2019 and December 15, 2019

_____ Four quarterly payments due July 15, 2019, October 15, 2019, January 15, 2019, and April 15, 2019

_____ Twelve monthly payments due by the 15th of each month

The undersigned hereby agrees to the expectations set forth above and accepts the terms of this agreement.

Signature: _____

Date: _____