



**Newman Catholic Child Development Centers**  
**@ Holy Name of Jesus Parish, Wausau**  
**and**  
**@ St. Therese Parish, Schofield**

**Registration and Tuition Agreement**  
**2007/2008**

**CHECK THE CENTER YOU ARE REGISTERING FOR**

\_\_\_\_\_ NCCDC @ St. Therese Parish, Schofield

\_\_\_\_\_ NCCDC @ Holy Name of Jesus Parish, Wausau

***Please complete and return this form, along with the \$30.00 per child non-refundable registration fee. Please return forms to: Newman Catholic Child Development Center @ Holy Name of Jesus Parish, 1122 S. 9<sup>th</sup> Avenue, Wausau, WI 54401 or call 848-3281 with questions. Registration for the 2007/2008 year is complete when the following are on file: Signed registration/tuition agreement form, registration fees, and current custody agreement (if applicable).***

**Important: Complete all sections A through E. Print clearly and neatly with black or blue ink**

**A PARENT or GUARDIAN INFORMATION**

PARENT or GUARDIAN residing with child(ren)

Circle one: Father Stepfather Other \_\_\_\_\_

PARENT or GUARDIAN residing with child(ren)

Circle one: Mother Stepmother Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Name: \_\_\_\_\_  
Last (Maiden Name) First

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work:(\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work:(\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Parish: \_\_\_\_\_

Parish: \_\_\_\_\_

**B CHILD INFORMATION**

**Please print clearly and list oldest child to youngest child**

**#1 Child Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

Student's Ethnicity: White Black Asian Hispanic Multi Racial  
(Circle One) American Indian/Native Alaskan Native Hawaiian/Pacific Islander

Start Date: \_\_\_\_\_

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

**#2 Child Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

Student's Ethnicity: White Black Asian Hispanic Multi Racial  
(Circle One) American Indian/Native Alaskan Native Hawaiian/Pacific Islander

Start Date: \_\_\_\_\_

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

**#3 Child Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

Student's Ethnicity: White Black Asian Hispanic Multi Racial  
(Circle One) American Indian/Native Alaskan Native Hawaiian/Pacific Islander

Start Date: \_\_\_\_\_

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

**C CUSTODIAL DECREE INFORMATION** (If applicable)

\_\_\_\_\_ The Custodial Decree indicating my child's primary placement is attached.

\_\_\_\_\_ The Custodial Decree indicating my child's primary placement is on file at \_\_\_\_\_ site.

**D TUITION & FEES/PAYMENT OPTIONS/AGREEMENT**

Full Day & Part Day Tuition Schedule										
Age	5-Day Per Week		4-Day Per Week		3-Day Per Week		2-Day Per Week		1-Day Per Week	
	Full Day	Part Day	Full Day	Part Day	Full Day	Part Day	Full Day	Part Day	Full Day	Part Day
Infant 6 weeks - 24 Months	\$195	X	\$195	X	X	X	X	X	X	X
2 Year Olds	\$155	105	\$155	\$ 105	\$120	\$85	\$90	\$60	\$50	\$40
3 - 6 Year Olds	\$135	\$ 95	\$135	\$ 95	\$105	\$75	\$80	\$55	\$45	\$35

**Important Notice:**

Tuition is calculated for the entire year and then divided into equal payments for your convenience. It is effective from September 2007 through August 2008. Tuition is **not** reduced because of vacation, scheduled holidays, illness or absence. No allowance is made for make up days. I understand fees are due each Friday for the upcoming week. A late fee of \$2.00 per day is assessed for tuition that is not received by the center on the due date (preceding Fridays).

I choose and will adhere to the following payment plan (select one):

\_\_\_\_\_ **Monthly** – Tuition is due **before** the first of each month.

\_\_\_\_\_ **Weekly** – Tuition is due the **Friday** before the week of attendance.

**NOTE: Late fees will be assessed at \$2.00 per day, as long as tuition remains in arrears.**

I agree as a condition of enrollment in Newman Catholic Child Development Centers to pay the tuition and all other fees which may be applicable to my child(ren). I understand that tuition is due and payable under the payment option elected above. If tuition is not received by the agreed to conditions of payment, I understand that late charges will be added when payment is in not made. I understand that if tuition is delinquent, and an acceptable alternative arrangement has not been approved by NCS, my child(ren) will face possible suspension from attendance at the center. The school system reserves the right to pursue legal recourse for non-payment of tuition and fees.

RESPONSIBLE PARTY SIGNATURE

PRINT NAME

DATE

**E SAFE ENVIRONMENT VERIFICATION**

I verify that I have been given a copy of the *Revised Policy and Procedures Child Sex Abuse Policy and Procedures of the Diocese of La Crosse*, A Pastoral Letter to Christ's faithful of the Diocese of La Crosse, and *The Revised Policy and Procedures on Sexual Misconduct for the Diocese of La Crosse*. My signature indicates that I have read these documents and that I understand the *Child Sexual Abuse Policy and Procedures of the Diocese of La Crosse* and *The Revised Policy and Procedures on Sexual Misconduct for The Diocese of La Crosse*. As a condition of registration, I agree to comply with all diocesan Sexual Abuse Policy Procedures and Regulations. I am not currently, nor ever have been in violation of this policy.

Signature

Date