



"Where We All Come Together."
Holy Cross & St. Katharine Drexel

Kaukauna Catholic School System
2012-2013 Preschool – Pre-Kindergarten Registration Information

Tuition Information Sheet

Registration Fees: Please include a non-refundable registration fee of \$50/student with a KCSS family max of \$100

Tuition Fees and Tuition Payments

Tuition fees are assessed at the beginning of the school year. You may elect to make an annual payment, 10 monthly payments from 09/12—06/13, or 12 monthly payments from 07/12—06/13.

1. Annual Payment is to be paid in full by 9/15/12 to receive a \$40 tuition credit per child in Grades PS—8.
2. Monthly Payment Plan—Tuition statements will be mailed out at the beginning of each month with payments due on the 15th of each month.

Grade or Class	2012-2013 Fees
Preschool 2 day	\$910
Preschool 3 day	\$1,160
Pre-Kindergarten 3 day	\$1,160
Pre-Kindergarten 4 day	\$1,380
Pre-Kindergarten 5 day	\$1,380
Preschool Milk / Activity Fee	\$20
Pre-Kindergarten Milk / Activity Fee	\$25
Technology Fee PS – 8	\$10 per student
Home & School Fee per family PK – 8	\$20

Tuition Late Fees

Tuition payments are due on the 15th of each month. There is a 10 day grace period for payments. Payments are considered past due on the 26th day of each month and the account will be charged a \$5.00 late fee per month.

Financial Responsibility

KCSS recognizes the individual who registered the student and signs the Financial Responsibility Form as the financially responsible party for that student unless another individual assumes financial responsibility via written notice. One individual or one married couple must be identified as the responsible party for each student. KCSS does not split tuition and fees unless notified in writing by both parties. All tuition and fees will be applied to the financially responsible party.

Bussing

Preschool – 3 & 4 year olds are not eligible for bussing.

Pre-Kindergarten – 4 & 5 year olds are eligible for bussing.

Three-Year-Old Preschool

The program is intended for three-year-old children who are toilet trained. This program is offered *8:10-10:55 a.m. in a two-day-a week or three-day-a week format. Enrollment is open throughout the school year.

Programs offered/Tuition	2 day	M/W	AM	\$910	3 day	M/W/F	AM	\$1,160
	2 day	T/TH	AM	\$910	3 day	T/TH/F	AM	\$1,160

Pre-Kindergarten

The program is intended for four and five-year-old children who will be going into kindergarten the following year. The program is offered *8:10-10:55 a.m. or *12:10-2:55 p.m. in a three-day-a week, four-day-a week, or five-day-a week format. Enrollment is open throughout the school year.

Programs offered/Tuition	3 day	T/W/Th	AM	\$1,160	5 day	M – F	AM	\$1,380
	3 day	T/W/Th	PM	\$1,160	5 day	M – F	PM	\$1,380
	4 day	T/W/Th/F	AM	\$1,380				
	4 day	T/W/Th/F	PM	\$1,380				

*All Preschool and Pre-Kindergarten sessions must have an enrollment of 15 students by August 1 in order to be offered for the year.



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PARENT NAME(S)

LAST _____ FIRST _____

LAST _____ FIRST _____

OFFICE USE ONLY

Reg Fee Pd: _____ Date: _____

Check No: _____ Cash: _____

KCSS 2012-2013 Preschool / Pre-Kindergarten Registration Form

Please fill out completely and print legibly.

SECTION ONE: PARENT/GUARDIAN INFORMATION

Father
First Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____
Father's Religion: _____
Parish Membership: HC _____ SK _____ Other _____
Employment: _____
Work Phone: _____
Cell Phone (if applicable): _____
E-Mail Address (if applicable): _____
Occupation: _____
School District: Kaukauna _____ Other _____
Child(ren) lives with: Mother _____ Father _____ Both _____ Other _____

Mother
First Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____
Mother's Religion: _____
Parish Membership: HC _____ SK _____ Other _____
Employment: _____
Work Phone: _____
Cell Phone (if applicable): _____
E-Mail Address (if applicable): _____
Occupation: _____
Will use District bus service: Yes _____ No _____

SECTION TWO: STUDENT INFORMATION**

(Please list your preschool/pre-kindergarten students oldest to youngest)

First Name MI Last Name M/F
Birth Date: _____ Entering Grade: _____
Birthplace (City/State): _____

First Name MI Last Name M/F
Birth Date: _____ Entering Grade: _____
Birthplace (City/State): _____

First Name MI Last Name M/F
Birth Date: _____ Entering Grade: _____
Birthplace (City/State): _____

First Name MI Last Name M/F
Birth Date: _____ Entering Grade: _____
Birthplace (City/State): _____

First Name MI Last Name M/F
Birth Date: _____ Entering Grade: _____
Birthplace (City/State): _____

First Name MI Last Name M/F
Birth Date: _____ Entering Grade: _____
Birthplace (City/State): _____

SECTION THREE: TUITION & PAYMENT PLAN

Preschool Sessions* (3 & 4 year olds)

<input type="checkbox"/> 2 day M/W AM	\$910.00
<input type="checkbox"/> 2 day T/Th AM	\$910.00
<input type="checkbox"/> 3 day M/W/F AM	\$1,160.00
<input type="checkbox"/> 3 day T/Th/F AM	\$1,160.00

Pre-Kindergarten Sessions* (4 & 5 year olds)

<input type="checkbox"/> 3 day T/W/Th AM	\$1,160.00
<input type="checkbox"/> 3 day T/W/Th PM	\$1,160.00
<input type="checkbox"/> 4 day T/W/Th/F AM	\$1,380.00
<input type="checkbox"/> 4 day T/W/Th/F PM	\$1,380.00
<input type="checkbox"/> 5 day M – F AM	\$1,380.00
<input type="checkbox"/> 5 day M – F PM	\$1,380.00

<p>GREAT VALUE!!! 5 DAYS FOR THE SAME PRICE AS 4 DAYS!!!</p>

*All Preschool and Pre-Kindergarten sessions must have an enrollment of 15 students by August 1 in order to be offered for the year.

I will pay: (check one)

- Annual: 1 Payment 9/15/12
- Monthly: 10 Payments 9/15/12 – 6/15/13
- Monthly: 12 Payments 7/15/12 – 6/15/13

Additional fees to be paid at orientation and will also appear on your tuition statement:

Preschool Milk / Activity Fee	\$20
Pre-Kindergarten Milk / Activity Fee	\$25
Technology Fee PS – Grade 8	\$10 / child
Home & School Fee PK – Grade 8	\$20 / family

Please sign below to state that you agree with the above mentioned payment terms. As a parent/guardian I understand that this application must include the following: (1) Signed Registration Form, (2) Signed Financial Responsibility Form, and (3) Payment of Registration Fee.

(Parent/Guardian Signature)	(Parent/Guardian Signature)
(Date)	(Date)

- | | | |
|--|-----------|----------|
| I am interested in the KCSS Child Care Program | _____ Yes | _____ No |
| I am interested in the KCSS Child Care Program during the summer | _____ Yes | _____ No |
| I am interested in the KCSS Before/After School Care Program | _____ Yes | _____ No |
| I am interested in the KCSS Preschool/Pre-Kindergarten Programs | _____ Yes | _____ No |
| I am interested in information regarding Xavier High School | _____ Yes | _____ No |



"Where No One Comes Forgotten"
Holy Cross & St. Katharine Drexel

**Kaukauna Catholic School System
Financial Responsibility Form
2012-2013**

This form MUST be completed and returned to Kaukauna Catholic School System or your student's registration process will be considered incomplete. Please call the KCSS Business Office at (920) 759-4508 if you have any questions.

Student Name(s): _____
(Please list the students in order of oldest to youngest and include last names if different from that of the responsible party listed in Section A below)

Section A – Identification of the Financially Responsible Party

Name of the Financially Responsible Party & Statement Mailing Address _____

Section B – Eligibility for Multiple Student Discount

Please check here if three or more students (Grades K – 8) in the household are enrolled in KCSS: _____

Section C – Opportunity for Tax-Deductible Donation

Tuition only covers approximately 41% of the average total cost of educating each student at KCSS. KCSS relies heavily on personal donations to make up the remaining gap which averages \$3,426 per student. Please consider a tax-deductible donation if you are able.

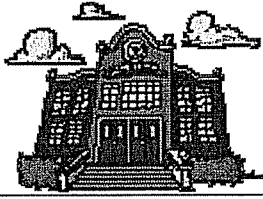
Enclosed is my tax-deductible donation to KCSS of \$_____.

Section D – Acceptance of Financial Responsibility

I have reviewed the Delinquent Tuition Policy and understand my full financial responsibility for the tuition and fees associated with the student(s) named on this form.

Signature of Financially Responsible Party
This document is void if the signature here does not match the name printed in Section A above.

Date



Before and After School Care
 St. Al's Campus
 2401 Main Ave.
 Kaukauna, WI 54130
 (920) 759-4566
 Susan Onkels, Director
 sonkels@kcsonline.org

Open Monday – Friday
 7 – 8:00 AM / 3 – 6 PM
 Open Early Dismissal Days
 11:30 AM – 6 PM
Kindergarten – Grade 4
 \$4.00/hour
 \$25. Registration Fee / Child
 (Please call for additional information)

Primary Admission Form

Father _____ Mother _____

Address _____

Phone # _____ Cell # _____ Phone # _____ Cell # _____

Work # _____ Work # _____

Child #1 _____ F M Age _____ DOB _____

Child #2 _____ F M Age _____ DOB _____

My child(ren) attends _____ School

___ This will be a "Regular Schedule" OR ___ "As Needed Basis"

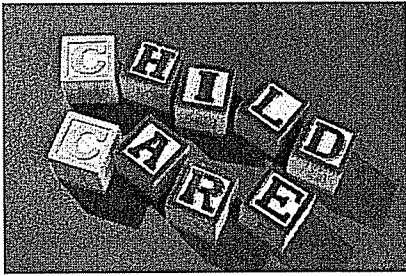
DAY	BEFORE SCHOOL ARRIVAL	AFTER SCHOOL DEPARTURE
Monday	- 8:00 AM	3:00 PM -
Tuesday	- 8:00 AM	3:00 PM -
Wednesday	- 8:00 AM	3:00 PM -
Thursday	- 8:00 AM	3:00 PM -
Friday	- 8:00 AM	3:00 PM -

Financial Agreement

Based on the days and times reserved for your child, your weekly fee shall be \$_____ payable by Friday (or the last day each week your child is in attendance) for the following weeks care. There will be a **\$5.00 Late Fee** if payment is not **received** by Friday.

___ I prefer a monthly invoice and understand that I will **prepay** these charges.

Parent Signature _____ Date _____



St. Al's Campus
 2401 Main Ave.
 Kaukauna, WI 54130
 (920) 759-4566
 Susan Onkels, Director
 sonkels@kcsonline.org

Open Monday – Friday
 7 AM – 6 PM

For children ages 3 yrs – 5 yrs old
 Full-Time * Part-Time * As Needed
 \$150. Weekly * \$35. Daily * \$20. Half Day
 \$50. Registration Fee / Child
 (Please call for additional information)

Let us walk your child to and from PreSchool/PreK!

Primary Admission Form

Father _____ Mother _____

Address _____

Phone # _____ Cell # _____ Phone # _____ Cell # _____

Work # _____ Work # _____

Child #1 _____ F M Age _____ DOB _____

Child #2 _____ F M Age _____ DOB _____

Full-Time _____ Part-Time _____ As Needed _____

Projected Starting Date _____

Day	Arrival Time	Arrival Time	Departure Time	Departure Time
	Child #1	Child #2	Child #1	Child #2
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Financial Agreement

Based on the days and times reserved for your child, your weekly fee shall be \$_____ payable by Friday (or the last day each week your child is in attendance) for the following week's care. There will be a **\$5.00 Late Fee** if payment is not **received** by Friday. Fees are charged for the contracted hours regardless of attendance.

All schedule changes require a dated and signed two-week written notice.

___ I prefer a monthly invoice and understand that I will **prepay** these charges.

Parent Signature _____ Date _____