

# 2006-07 ENROLLMENT FORM

BRIDGEPORT DIOCESAN

SCHOOL

P.O. BOX 3859 - 3 TAMANNY TRAIL  
DANBURY, CT 06813-3859

CAMPUS: ST. PETER SCHOOL

Code# 68870

## STUDENT INFORMATION

Enter the grade child will be in for 2006-2007

Name - PLEASE PRINT CLEARLY \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

## PARENT/GUARDIAN (BILLING) INFORMATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_

Telephone \_\_\_\_\_ Parish Affiliation \_\_\_\_\_

## PAYMENT SCHEDULE

11 **monthly** payments of \$ \_\_\_\_\_ each,  
Commencing July , 2006 aggregating \_\_\_\_\_

4 **quarterly** payments of \$ \_\_\_\_\_ each,  
July 2006, Oct. 2006, Jan. 2007 & April 2007,  
aggregating \_\_\_\_\_

2 **semi-annual** payments of \$ \_\_\_\_\_ each,  
July 2006 and January 2007, aggregating \_\_\_\_\_

1 **annual** payment due July, 2006 \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

All payments plans will be administered by the FACTS Management Company in coordination with the Danbury Regional Business Office.

## PAYMENT METHOD

**Automatic deduction** from your savings or checking account payments can be made on the 5<sup>th</sup> or 20<sup>th</sup> of the month. If you select this option complete the **red form** that is enclosed.

**Invoice option**-Invoices will be mailed on the 8<sup>th</sup> of each month with a payment due date of the 1<sup>st</sup> of the following month. If you select this option complete the enclosed **green form**.

**Credit Card Payment**-You may use your Master Card, Visa or Discover for process of your payment plan. There will be a 2.5% convenience fee If you elect to pay via this option you must enroll in FACTS by calling a Toll Free, (800-233-1096) number and your convenience fee will be established at the time of your phone call. If you select this option a Credit Card enrollment form with instructions will be mailed to your attention.

**LATE CHARGE** - A late charge of \$25 will be assessed to your account if payment is not received within 8 days from the payment due date. (Invoice payers)

**MISSED PAYMENT FEE** - A missed payment fee of \$25 will be assessed to your account for any checks returned by your bank unpaid. Also for families that elect the automated payment plan there will be a \$25 fee assessed by FACTS for any missed payments and your bank will also assess fees for insufficient fund charges.

\*Please review the enclosed FACTS brochure for more information regarding your options. We must receive your Contact signed with your preferences indicated no later than \_\_\_\_\_2006

## ENROLLMENT CONTRACT

I agree to accept the rules and regulations adopted by the School. I understand that the student's disregard of the rules and regulations of the School may be deemed sufficient cause for dismissal. **Furthermore, I agree to the policy of the School that, until an account is paid in full to date, no student will receive a report card, take field trips, or participate in graduation activities.**

I agree that the student may participate in all school activities, including athletics, and any school-sponsored trips away from campus, unless the school receives written notice to the contrary.

In order to reserve a place for your child in the 2006-2007 academic year, the parent or guardian must sign and return this contract to the school, together with the registration fee not later than March , 2006.

X \_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_