

Saint Joseph Regional Academy Registration  
2018-2019 School Year

Last Name \_\_\_\_\_ Date \_\_\_\_\_

Child's First Name \_\_\_\_\_ Grade in September 2018 \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

Check # \_\_\_\_\_ Amount \_\_\_\_\_

**Payment Schedule:**

<b>Jan 30 – Feb 11, 2018</b>	<b>\$75.00 per child (Catholic Schools Week)</b> <b>(\$25.00 per child credited to 2018-19 tuition)</b>
<b>Feb 12– Mar 13, 2018</b>	<b>\$75.00 per child</b>
<b>After Mar 14, 2018</b>	<b>\$125.00 per child</b>

**ALL REGISTRATION FEES ARE NON-REFUNDABLE**

**Please Note: Registration payment must be turned into the School Office by the corresponding due date. No Pre or Post-dating of checks permitted. Such checks will be returned and new checks must be issued.**