

RESPONSE FORM

NAME OF CHILD _____

Please check off in the space below the session for which you wish to register your child.

SCHEDULE OF SESSIONS

St. Joseph's School - Yorkville, 420 East 87 Street

_____ Monday 4:00 pm - 5:15 pm for grades K, 1, 2, 3

St. Ignatius Loyola School, 48 East 84 Street

_____ Tuesday 4:15 pm - 5:30 pm for grades K-6

_____ Tuesday 6:00 pm - 7:15 pm for grades 7-8

_____ Wednesday 4:15 pm - 5:30 pm for grades K-6

_____ Wednesday 6:00 pm - 7:15 pm for grades 7-8

ANNUAL FEES/FINANCIAL AID

\$350* Tuition (per child per school year)

**Does not include additional fees for first communion and confirmation.*

Tuition payment should be remitted before September 30, 2010

Check this box if you wish to pay by installment.

Check this box if you wish to request Financial Aid.

Check this box if you wish to provide tuition for a deserving child.

Please charge my (circle one) MC Amex VISA Discover

Credit Card No. _____ Exp Date (mm/yy) _____

Signature _____

***Please return both this form and the Registration form - asap - to
St. Ignatius Loyola Church
980 Park Avenue, New York, NY 10028.***

******No seat is guaranteed. Assignments are made on a first come, first served basis***.
(All payments are non-refundable.)***

For office use only

Date: _____

Grade _____

Session _____

Fee _____ paid in full

Check# _____

_____ paid by installments (YES? or NO?)

_____ FA requested (YES? or NO?) _____ amount awarded