



St. Ambrose Academy
Registration Information Form
Finance Information for 2025-2026 School Year

All information must be completed by the Financially Responsible Person (Parent/Legal Guardian)

Name of the Financially Responsible Person* _____

Register by April 11, 2025, pay a \$100 registration fee and receive a \$125 tuition discount.* On April 12, 2025, the registration fee increases to \$135 with no discount. On July 1, 2025, the fee increases to \$160. The registration fee is non-refundable, non-transferable and must be submitted with this form to finalize registration.

- Registration Fee Payment in form of cash, check or money order only, made payable to **St. Ambrose Academy**.
- All tuition payments **must** be paid in FACTS Management.
- Each family will be required to set up an on-line account with FACTS and create a payment plan at the time registration is accepted. **Registrations are not complete until FACTS account is set up.** New registrants must go on-line to <https://online.factsmgmt.com/signin/3G3KS> to create an account. Returning 24-25 school year families will automatically renew with the same payment plan for the upcoming 25-26 school year. Those whose payment methods are no longer valid or who wish to change their payment type will need to update their existing FACTS account. The tuition amount will be based on gross tuition at the time of registration. If aid is granted or the family's status changes from non-parish sponsored to parish-sponsored due to receipt of a parish commitment form after the registration is received, tuition will be modified in the FACTS system.
- Anyone applying for grant and aid, must do so annually by applying on-line to FACTS.
- Before and After Care charges will be billed through the family's FACTS account.
- A Family/Parish Commitment Form must be submitted and approved to receive the Catholic parishioner rate. The non-parishioner rate will be charged unless the form is received.

*Must be no more than 30 days past due in current year's tuition to register for any early discounts. If account is past due at the end of this school year, June 30, 2025, any tuition credit promotion will not be valid and thus not applied to next year's tuition.

Understanding and Agreement:

1. I have been provided a copy of the St. Ambrose Academy Registration and Tuition Collection Policies and Procedures for 2025 -2026.
2. A \$20 fee will be assessed for late tuition.
3. A \$35 fee will be assessed on returned checks.
4. FACTS will charge a \$20 fee for any returned checks, direct debit or credit card declined in the FACTS system.
5. I understand that students will be unable to attend school if tuition is over sixty (60) days past due. A child will not be able to attend the Before and After Care Program if the BASC account is past due per the BASC policies.
6. I understand that delinquent accounts are referred to a collection agency when all other attempts to obtain payment have failed. In this event, I agree to pay all costs related to the collection and/or legal process.
7. If this is a re-registration, I understand that final validation for registration and grade placement for the next school year is dependent upon completion of all financial responsibilities for the current school year.

Signature of Financially Responsible Person*: _____

SS# _____ - _____ - _____

Date of Birth: _____

Relationship to Student(s): _____

Mailing Address _____

Street

City

State

Zip

Home phone: _____ Cell _____ Work _____

***ONLY IF APPLICABLE**

Someone other than the Parent(s)/Legal Guardian(s) is going to be financially responsible, therefore, I **(parent/legal guardian)** _____ give permission for St. Ambrose Academy to share financial information with the **financially responsible** person whose name is noted here. I, _____, am the financially responsible person that will be paying tuition for students listed on the front of this Registration form. My information is as follows:

Address: _____

Home Phone #: _____ Cell Phone #: _____

Employer: _____ Employer Address: _____

E-Mail: _____ Social Security #: _____

Date of Birth: _____