



Little Saints Learning Center
 St. Mary's Catholic School • Brownsville, Texas

SCHEDULE OF FEES AND CHARGES

Family Name: _____

Child's Name(s): _____

FEES (per child)

- Registration \$250.00
- Materials..... \$25.00 (\$275/11 months)
- Monthly from 7:30 a.m. until 3:55 p.m. (full day) \$530.00 (\$5,830/11 months)
- Monthly from 7:30 a.m. until 12:00 p.m. (half day) \$470.00 (\$5,170/11 months)
- Extended day 3:55 p.m. - 5:30 p.m. No Additional Fee

Registration fees are per child and are non-refundable and non-transferable. The monthly fee is payable over a period of 11 months (July through May). Registration fee will be billed in FACTS when the child is accepted into the program.

FEE POLICY

- Monthly fee is due before the last day of each month. The first payment is due on or before July 31st.
- All families will establish an account with FACTS in order to pay tuition and fees. Parents will be able to check the status of their account online and pay tuition and fees 24/7. www.factsmgt.com
- Monthly payment may be made in advance.
- The monthly fee will be considered past due after the end of each month. A late charge of \$25.00 per family will be assessed on account balances over \$50.00. A fee will be charged to the account each time the bank returns a payment for any reason.
- Children may not be accepted into the center if an account is delinquent.
- A refund for monthly fee and/or material fees paid will be issued to families who cancel their registration if written requests are received by the following dates:
 - Prior to August 5th 100%
 - August 5th – August 9th 50%
 - After August 9th No refunds for fees will be made unless a child is withdrawn at the center's request.

Please check which program your child will be attending:

7:30 am-12:00 pm Half Day 7:30 am-3:55 pm Full Day 3:55 pm-5:30 pm Extended Day

Please print the name of the person responsible for the monthly payments and the address and phone number of that party.

Name _____ Telephone _____

Billing address _____

City/State _____ Zip Code _____

Relationship to child(ren): _____

I (we) agree to and accept all of the policies of Little Saints Learning Center and accept full responsibility for this child's fees and any other expenses.

Responsible Party Signature

Date

For new families only:

If you were referred to our school by one of our staff members, or one of our parents, please write their name here

If not, how did you learn about the Little Saints Learning Center?

Are you a St. Mary's alumni?

Father _____

Mother (maiden name) _____