

Preschool Financial Contract

Parent/Guardian Name _____ SSN _____

Parent/Guardian Name _____ SSN _____

Address (Street, City, Zip) _____

Contact Ph # 1 _____ Contact Ph # 2 _____

E-Mail(s) _____

_____ Full Time Student 5 day 8-2:45: \$4750.00 or \$475/month

_____ PT Student 5 Day 8-11 a.m.: \$2275.00 or \$227.50/month

_____ PT Student 3 Day MWF 8-2:45: \$2800 or \$280/month

Please check one:

Active Parishioners

Non Parishioner

Student Name(s) _____

Date of Birth _____

Registration Fee \$ _____

Tuition \$ _____

Total Due \$ _____

Amount Paid \$ _____

Balance Due \$ _____

Payment Options: _____ Pay in Full by August 1 _____ Pay in Installments via Smart Tuition monthly Aug - May

By signing this agreement, I acknowledge I have received the Tuition Policy and understand our financial obligations and agree to payment as marked above. A \$100.00 registration fee per student is due at the time of registration. This fee is non-refundable.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Ck# _____

Amt of Ck _____

Office Use Only:

Date pd _____

SmartTuition Enroll. Form recv'd. _____