

Family Name: _____ **Phone:** _____

Payment Choice: FACTS _____ Check _____ Cash _____

One payment _____ Two payments _____ Four payments _____ Ten payments _____

Below Section to be completed by office only.

Family Registration Fee (\$100 Non-refundable) received on: _____

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Tuition Student #1 | Tuition Student #2 | Tuition Student #3 | Tuition Student #4 |
| \$ _____ | \$ _____ | \$ _____ | \$ Free _____ |

Total Tuition Due = \$ _____

Minus Scholarship \$ _____

Minus Scholarship \$ _____

Minus 10% - Two children \$ _____

Minus 20% - Three Children \$ _____

Free – Fourth Child \$ Free _____

2019 – 2020 Total Tuition Due \$ _____

\$ _____
Aug. 15, '19

\$ _____
Aug. 15, '19 and
Jan. 15, '20

\$ _____
due Aug. 15/ Nov. 15, '19
Feb. 15/ May 15, '20

\$ _____
due Aug. 2019 – May 2020
on the 15th of each month

Copy Sent to parent/s: _____

Date: _____