Inv _____

Pd _____

St. Gregory Parish School
140 West Main Street, North East, PA 16428
(814) 725-4571

Preschool & PreKindergarten Financial Agreement - School Year 2014-2015

MORNING PROGRAM (8:45 am-12:00 pm)

Date of Admission: _____ **Date of Withdrawal/Graduation:** _____

Parent/Guardian Last Name: _____ First Name: _____

Parent/Guardian Last Name: _____ First Name: _____

Child resides with: _____parents _____mother only _____ father only _____ guardian

Child's Address: _____

Billing Address: _____

Email Address: _____ St. Gregory Parishioner: Y/N Other: _____

Phone Number: _____ Cell Number _____

Name of Child: _____ **Date of Birth:** _____

Fee Amount

$50 Non-Refundable Registration Fee ***(waived if total yearly tuition is paid by 7/1/14)***

Date Paid: _____ Check # _____ or Cash_____

Tuition Rates	10 Monthly Payment *(August-May)*	4 Quarterly Payment *(Aug/Nov/Jan/March)*
Monday (32) = $480.00	**$48.00**	**$120.00**
Tuesday (38) = $570.00	**$57.00**	**$142.50**
Wednesday (37) = $555.00	**$55.50**	**$138.75**
Thursday (37) = $555.00	**$55.50**	**$138.75**
Friday (35) = $525.00	**$52.50**	**$131.25**
***Monday-Friday = $2,685.00**	**$268.50**	**$671.25**

Days of Week child will be attending *(please circle):* M T W TH F

Our tuition rates remain the same regardless of attendance and are based on 3.25 hours of instructional time (8:45 a.m.-12:00 p.m.) or $15.00 per day per the established school year calendar.

*Each family has the option of creating a customized contract with the choice of specific days of the week. Your contract covers the days you select for the entire school calendar. For instance, if you have selected Mondays as an option, there are 32 scheduled Mondays in the school year. The 32 Mondays take into account for any days that school is not in session. You are not billed for any days that we are not here. Therefore, there are no makeup days for illness, vacations, etc. If your child attends on a day that they are not scheduled an additional $15.00 per day will apply.

Day 1 rate $_____

Day 2 rate $_____

Day 3 rate $_____

Day 4 rate $_____

Day 5 rate $_____

Program Chosen: 3 yr. Preschool _____

4-5 yr. Pre-Kinder_____

***Choosing 5 day option or $2,685.00 per year _____ (initial)**

Total Tuition Due: $_____ Monthly/Quarterly Payment Amount $_____

Over, Please

Revised 6/11/2012

Payment Options

All families shall be expected to make tuition payments according to one of the following payment plans. Each family's preferred manner of payment must be submitted each year at the time of student registration. Options for payment shall include:

A. **Full Payment** - Under this plan the entire amount of tuition is paid on or before July 1st. This payment is made directly to the school office. With this plan, the registration fee will be waived. A fee of $25.00 will be assessed for any returned checks for one-time payments only.

B. **Monthly/Quarterly Payments** – Beginning in August through the FACTS Tuition Management Plan. This plan is an automatic payment plan made through your checking or statement savings account. Those choosing this plan will authorize their financial institution to make automatic monthly payments to FACTS on the date you select each month/quarter. There is a $41.00 fee for this option and you are required to sign a FACTS Agreement Form and you will be bound by their terms for payment.

C. **Credit Card Payments** – Payments may be made with MasterCard/Visa or Discover at the school. If a credit card is used an additional 5% service charge will apply.

Extra services to be provided at an additional fee if applicable

*Pizza on Tuesdays and Hot Lunch on Fridays are available through the Elementary School and order forms will come home with your child or may be picked up in the school office. **Must be pre-ordered.

*Milk is served with snack and lunch – order forms and applications for the free milk program will be sent home with your child. (*A note is required if child is not to receive milk*)

Agreement Acknowledgement: ***new form must be signed and dated each school year***

I hereby acknowledge as the parent or guardian of the child listed above that I have received complete written program information at the time of enrollment and that I have read and understand the terms of this Financial Agreement and the Billing process. I also agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.

I hereby comply by signing below:

Parent/Guardian Signature: _____Date: _____

Parent Guardian Please Print Name: _____

Signature of School Representative: _____Date: _____

This information is important and must be completed in case of emergency: Person(s) designated by parent to whom child may be released, including phone number:

1.	Phone #
2.	Phone #
3.	Phone #
4.	Phone #
5.	Phone #
6.	Phone #