

St. Mary's Parish School Financial Agreement 2021-2022

y:	State:	Zip C	Zip Code: Preferred Phone:	
ail for billing:		Preferred Phone		
ne & Grade(s) of Child(ren):				
ase put an X by each area for which you	<mark>will be responsibl</mark>	<mark>e</mark> .		
Tuition		Yearly	Monthly	
Preschool & Pre-K - Full-Time (includ	es class + childcar			
		\$5,968.00	\$663.00 / 9 payments	
Preschool & Pre-K - Part-Time				
		\$3,580.00	\$398.00 / 9 payments	
K – 8 th 1 Child		\$4,646.00	\$387.00 / 12 payment	
K – 8 th 2 Children		\$7,766.00	\$647.00 / 12 payment	
K – 8 th 3 Children		\$9,866.00	\$822.00 / 12 payment	
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ditional Fees (Please put the number of	of children for each	<mark>ch area.)</mark>		
Preschool & Pre-K Registration	\$170.00 / per o	child		
K – 8 th Registration	\$375.00 / per o	child		
	PS/PK/K/1/2	\$3.75		
Hot lunch + milk	(Gr. 3-8)	\$4.00		
After School (3:15 - 4:00pm)	\$5.00 /per day			
After School (3:15 - 5:30pm)	\$7.50 / per day	(\$1.00 per minute wi	ll be charged beyond 5:30	
6 th Grade Science Camp Registration	TDD 111			
(MOSS)	TBD per child			
8 th Grade Graduation	\$65.00 / Child			
ndraising: Buyout Option To avoid any t		• •		
		Asked Questions She	ei jor more injo.	
Jog-a-thon	ouying out.	\$200.00 / Child		
Christmas Tree Committee		\$300.00 / Family		
Christmas Tree Committee Christmas Tree Sales		\$200.00 / Painity		
Auction Committee		\$400.00 / Family		
Auction Item		\$300.00 / Child		
		1 700000 / 01110		
We agree to pay our financial a	greement as state	ed for 2020-2021 scho	ool year:	
er's Signature:	Father	's Signature:		
<u> </u>		<u> </u>		

Payments will be automatically drafted from a bank account or charged to an on-file credit card on the 20^{th} of each month or the next business day. By selecting a credit card, you are also agreeing to an additional 4% charge to cover credit card fees paid by the school.

I prefer to have payments charged to my (Circle One):

Bank Account OR Credit Card

PLEASE PRINT CLEARLY:

Attach a Voided Check

Complete if you selected "Bank Account" as your payment method:

Attach a Voided Check	
Name(s) on Account:	
Bank Name:	
ABA Routing #	Account #
Bank Address:	Bank City, State, Zip:
Complete if you selected "C	redit Card" as your payment method:
Cardholder Name:	
Card Number:	
3 digit CVV/Security Code:	Expiration Date:
have designated above. Withdrawals an form. I certify that I am an authorized provide 10 days written notice of a can charges or withdrawals are declined by	
Authorization Signature:	
Printed Name:	Date:
NOTE: AND	

NOTE: All tuition and other charges need to be current. If charges become outstanding, your child(ren) may not be enrolled for the following quarter. Outstanding charges 30 days past due may be subject to collections.