

Preschool (3K) Tuition Contract

2024-2025

Tuition Rates:				2 Days	3 Day	vs 4 Days	5 Days	
Half Day $8:40 - 11:30$ am $\frac{1}{2}$ day end time is estimated here.		Per Day Rate:		\$27.00		\$26.00	\$25.00	\$24.00
		Est. Monthly Rate:		\$216.00		\$312.00	\$400.00	\$480.00
Full Day 8:40 am – 3:15 pm		Per Day Rate:		\$40.00		\$38.00	\$35.00	\$32.00
		Est. Monthly Rate:		\$320.00		\$456.00	\$560.00	\$640.00
Select the days and options (\checkmark) your child will					ending.	(Min	imum of 2 half do	iys required)
	Monda	ıy	Tuesd	lay	Wed	Inesday	Thursday	Friday
AM ¹ / ₂ Day Option								
Full Day Option								
Payment Plan;								

New Family Registration fee of \$100 is due at registration and is non-refundable. It will be applied to your tuition account after 9/1/24

- 10 Monthly Installments
- Auto Pay complete ACH form and return to office
 - Withdrawals begin on 10/15/24 and continue on the 15th of each month with a final withdrawal on 7/15/25.

Saint Patrick School Preschool Enrollment Policy:

Students must be 3 years old by September 1st in order to enroll in Preschool (3K).

OBLIGATION OF PARENT / FAMILIES

I agree to the following:

- a) I have read, understand, and agree to make payments in accordance with the aforementioned payment schedule.
- b) There will be no refunds issued for absences due to illness or family vacations.
- c) Snow Days or Non-School Days (entire school closed) will be not charged.
- d) In the event that I default on this contract, I agree to pay Saint Patrick Parish School all reasonable and necessary costs of collection incurred to collect monies for services provided by Saint Patrick Parish School, including but not limited to: costs of any collection agent or agency; court costs; and all reasonable and necessary attorney's fees, and NSF fees.
- e) Purchasing a lunch and milk is an additional cost option. At the end of the year any remaining balance of \$10.00 or less will not be refunded unless requested.

By signing this document, I am agreeing to the terms set forth in this Tuition Contract and will be the individual(s) responsible for paying the tuition.

Print Name	Signature		Date
Print Name	Signature		Date
Address:		Phone:	
		Cell Phone:	
Student Name:		DOB:	
Office Use Only Total Tuition Due \$	Contract Accepted by:	Title	Date