

Extended Day Center (K-5) or After School Adolescents (6-8) Tuition Contract 2017/2018

Student Name _____ Grade 2017-2018 _____

Parent / Guardian Name (s) _____

Home Address _____
(street) (city) (state) (zip)

Name of Person to be Billed _____

Billing Address _____
(street) (city) (state) (zip)

Home Phone () _____ Work Phone () _____

PAYMENT OPTIONS

	TOTAL (Including deposit)	One Payment	Two Payments	Nine Monthly Payments			
Morning Only	\$500	\$300	N/A	N/A	One Payment	_____	
Afternoon Only	\$1,800	\$1,600	\$960/\$640	\$178	One Payment	_____	Two Payments _____
Full Program	\$2,200	\$2,000	\$1200/\$800	\$222	One Payment	_____	Two Payments _____
							Monthly Payments _____

Check the payment option you wish to use, and billing will commence according to your instructions.

One Payment Plan due August 15, 2017.

Two Payment Plan: First payment due **August 15, 2017**, and second payment due **November 30, 2017**.

Monthly Payment Plan through FACTS Tuition Program beginning August 2017.

**FAILURE TO PAY ON SCHEDULE WILL JEOPARDIZE
THE STUDENT'S CONTINUED ENROLLMENT IN EDC/ASA.**

I (we) promise to pay St. Mary's Academy, at the address listed above, tuition in the total sum of _____ required by the placement of my (our) son or daughter in the Extended Day Care/After School Adolescents program, and acknowledge that this contract will become binding upon receipt by St. Mary's Academy of my (our) **\$200 non-refundable deposit and the signed copy of this Tuition Contract**. I (we) understand that the tuition obligation is annual and that no portion is refundable.

Signatures indicate that I (we) agree to the terms of this contract.

(signature)

(date)

(signature)

(date)

For Office Use Only
Date Received _____

Please enclose \$200 non-refundable EDC/ASA tuition deposit and this tuition contract.

A copy of the contract will be returned to you as verification of enrollment in the 2017/2018 academic year.