

# ST. EDWARD TUITION FORM

Return completed form to the director by May 20<sup>th</sup>.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Registered for the following Class: \_\_\_\_\_

Full Tuition \$ \_\_\_\_\_ Down Payment \$ \_\_\_\_\_ Parish Discount \$ \_\_\_\_\_

2<sup>nd</sup> Child Discount \_\_\_\_\_ Staff Discount \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_ (Used to calculate payment options below.)

If choosing full payment to receive 5% discount, your payment would be \$ \_\_\_\_\_. If choosing the monthly payment option, your amount would be divided into 10 equal payments of \$ \_\_\_\_\_ beginning on August 5<sup>th</sup> and ending May 5<sup>th</sup>.

There will be no tuition adjustments made for calamity days as the weather is out of our control. We expect that your child will attend the entire school year. Please provide two weeks written notice to the director prior to withdrawing your child from the program. Refunds will be at the discretion of the administration depending upon time of year and ability to find a child to fill the slot. Our budget to operate a quality program is based upon full enrollment.

Please select and mark your tuition payment option below.

- Full payment by May 20th to receive a 5% discount with a check, cash or through Electronic Fund Transfer (EFT) checking/savings or credit card.
- 10 monthly installments (equal to one tenth of the annual tuition minus deposit) through Electronic Fund Transfer (EFT) checking/savings or credit card to be drawn upon August 5<sup>th</sup> for the initial installment with consecutive monthly payments on the 5<sup>th</sup> of the month through May.

**Checking/Savings Option**

From my (please select one):

- Checking Account** (attach voided check)
- Savings Account** (attach deposit slip)

Either (please select one):

- One time payment**  
Amount \$ \_\_\_\_\_

- Monthly**  
Monthly Installment Amount \$ \_\_\_\_\_

**Credit Card Option**

Charge to my (please select one):

- VISA**
- Master Card**

Either (please select one):

- One time payment**  
Amount \$ \_\_\_\_\_

- Monthly**  
Monthly Installment Amount \$ \_\_\_\_\_

**Card number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_

I hereby authorize St. Edward Church to establish: Electronic Transfer(s) (EFT) for tuition as agreed to above.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date