



Financial Agreement

Please complete this form and submit it with your application.

STUDENT NAME(S): _____

The Diocesan Application for Enrollment, school (Re) Registration Form, the non-refundable Application Fee, and this Financial Agreement must be submitted to be considered for a place in the 2024-2025 school year. Upon acceptance, a non-refundable annual Supply Fee for each student must be paid to confirm your spot. Enrollment is not guaranteed until tuition and fees are finalized according to the options below. Students will not be admitted unless the terms of this tuition agreement have been satisfied, including enrollment in FACTS Tuition Management by JUNE 1, 2024.

Tuition and fees cannot be refunded once they have been collected through FACTS.

Both parents must indicate their agreement to ONE of the following options:

- I/WE agree to make one tuition payment for the year in full by July 5, 2024. *I/WE understand that paying the fees for the full academic year is final and that once collected no portion of fees paid will be refunded.*

_____ (please initial) Printed Name: _____

_____ (please initial) Printed Name: _____

- I/WE agree to make two equal semester tuition payments by July 20, 2024 and January 20, 2025. *I/WE understand that paying the fees for the full academic year is final and that once collected no portion of fees paid will be refunded.*

_____ (please initial) Printed Name: _____

_____ (please initial) Printed Name: _____

- I/WE agree to pay tuition in nine* equal monthly installments, July 2024 through March 2025. *I/WE understand that paying the fees for the full academic year is final and that once collected no portion of fees paid will be refunded.*

*Please note for registrations received after payment dates, FACTS allocates the quoted tuition across remaining available installment months.

FACTS will automatically deduct tuition payments on the 20th of the month, beginning in July.

If your child leaves the preschool program any time before the end of the school year, you must give notice two months in advance in order to stop any future payments.

_____ (please initial) Printed Name: _____

_____ (please initial) Printed Name: _____

IF SOMEONE OTHER THAN A PARENT WILL BE RESPONSIBLE FOR PAYMENT OF TUITION AND FEES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of responsible person: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____ City _____

State _____ Zip Code _____ E-Mail _____

Parent Signature: _____

Date: _____