

St. Catherine Early Childhood Education Center Enrollment Choice/Tuition Contract 2023-2024



Student Name				_
How did you hear	about us?			_
1. Check category	y your child will be	in as of September	r 30th, 2023	
Preschoo	l 3 years old	OR 4 years old but	not attending Kindergart	en in fall 2024
Pre-K	4 years old <u>a</u>	nd attending Kinderg	garten in 2024 OR 5 yea	ars old
2. Select Half or F	ull Day Option			
Half Day Options (8 AM-11 AM) Below are the monthly payments. To find the yearly tuition, multiply the monthly amount by 10. Tuition is a set price for the year. Payments are split equally from August-May Initial				
I will be contracti	ng for half day	s of school. My child	d will attend (please circle)	M T W R F
		Preschool	Pre-K (Attending Kindergarten in fall of 2024)	
	3 Half Days	\$235	Not Available	
	5 Half Days	\$320	\$320	
Tuition is a set pr	onthly payments. To rice for the year. Payr	ments are split equal	on, multiply the monthly a lly from August-May. I will attend (please circle)	Initial
		Preschool	Pre-K (Attending Kindergarten in fall of 2024)	
	3 Full Days	\$350	\$350	
	4 Full Days	\$410	\$410	
	5 Full Days	\$465	\$465	

3. Please indicate the form of payment for tuition. Check all that apply.
Private pay
I am applying for an Early Childhood Grant*
My child(ren) are already approved for publicly funded childcare benefits
I am applying for publicly funded childcare benefits
4. Students must be 4 as of 10/1/23 and family must be at or below the 200% federal poverty guidelines.
4. Please indicate the active parishioner scholarships that you will be applying for.
☐ Most Blessed Sacrament Active Parishioner Scholarship
☐ Regina Coeli Active Parishioner Scholarship
☐ St. Catherine Active Parishioner Scholarship
☐ St. Clement Active Parishioner Scholarship
☐ St. John the Baptist Active Parishioner Scholarship
 St. Michael the Archangel Toledo Active Parishioner Scholarship
5 Please indicate the method of payment for tuition.
☐ Payment in full
 Tuition Express - automatic withdrawal (credit card, checking, savings)
□ Other
I acknowledge that tuition must be kept current or my child may lose his/her enrollment spot at St. Catherine Early Childhood Education Center. I acknowledge that the St. Catherine Early Childhood Education Center operates on a school year calendar. No credit will be offered for absences due to illness or inclement weather. *I recognize that my monthly payment amount may change if I do not make timely payments or if my monthly payments are paid in advance. I have read the tuition contract and agree to pay the required tuition fees.
Signature Date
I acknowledge that if my child utilizes the Extended Day program, this service is billed separately at a rate of \$6 per hour used. I agree to keep current on any charges accrued to this account or risk not being able to utilize this service or possibly being dismissed from the school. I acknowledge that the Extended Day program closes at 6 PM. It is my responsibility to pick my child(ren) up by this time. Any late pick up will be billed at \$1 per minute after 6 PM.
Signature Date
Those utilizing the benefits of Publicly Funded Child Care please read and sign below.
I acknowledge that it is my responsibility to accurately record my child's attendance according to the method being utilized by LCJFS. I acknowledge that if I fail to record my child's attendance accurately and in a timely manner, I will be required to pay for the time used under the private pay rates. I further agree to pay any weekly required copayments set by LCJFS to St. Catherine Early Childhood Education Center by the end of each week. I agree that I am required to private pay any charges accrued due to late Extended Day pick up or failure to log for regular time used.

Date

Signature