

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



Student Name				_
How did you hear	about us?			_
1. Check categor	y your child will be	in as of Septembe	er 30 th , 2024	
Preschoo	l 3 years old	OR 4 years old bu	t not attending Kindergart	en in fall 2025
Pre-K	4 years old <u>a</u>	nd attending Kinde	rgarten in 2025 OR 5 yea	ars old
2. Select Half or I	Full Day Option			
Below are the mo Tuition is a set pr	ice for the year. Payr	nents are split equa	on, multiply the monthly a ally from August-May	Initial
		Preschool	Pre-K (Attending Kindergarten in fall of 2025)	
	3 Half Days	\$235	Not Available	
	5 Half Days	\$320	\$320	
Tuition is a set p	onthly payments. To rice for the year. Pay	ments are split equ	on, multiply the monthly a ally from August-May. d will attend (please circle)	Initial
		Preschool	Pre-K (Attending Kindergarten in fall of 2025)	
	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 3 or 4 as of 10/1/24 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