



St. Catherine  
Early Childhood Education Center  
Enrollment Choice/Tuition Contract  
2019-2020



Student Name \_\_\_\_\_

How did you hear about us? \_\_\_ friend/family/church \_\_\_ Facebook \_\_\_ Toledo Parent \_\_\_ returning

1. Check category your child will be in as of September 30<sup>th</sup>, 2019

Preschool \_\_\_ 3 years old \_\_\_ 4 years old but **not** attending Kindergarten 2020  
Pre-K \_\_\_ 4 years old and attending Kindergarten in 2020 \_\_\_ 5 years old

2. Select Half or Full Day Options

**Half Day Options**

Tuition is a set price for the year. Payments are split equally from August-May \_\_\_ Initial

I will be contracting for \_\_\_ half days of school. My child will attend (please circle) M T W R F

Please choose \_\_\_ AM (8 AM-11 AM)

Monthly Payment	Preschool	Pre-K (Attending Kindergarten in fall of 2020)
2 Half Days	\$150	Not Available
3 Half Days	\$210	Not Available
4 Half Days	\$255	Not Available
5 Half Days	\$295	\$295

**Full Day Options** 8 AM-3 PM

Tuition is a set price for the year. Payments are split equally from August-May. \_\_\_ Initial

I will be contracting for \_\_\_ full days of school. My child will attend (please circle) M T W R F

	Preschool	Pre-K (Attending Kindergarten in fall of 2020)
2 Full Days	\$230	Not Available
3 Full Days	\$315	\$315
4 Full Days	\$385	\$385
5 Full Days	\$440	\$440

3. Please indicate the form of payment for tuition. Check all that apply.

\*Students must be 4 as of 10/1/19 and family must be at or below the 200% federal poverty guidelines.

- 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. Please indicate appropriate fees

\_\_\_ \$100 Registration fee (all privately paying students)

\_\_\_ \$25 Registration fee (all publicly funded students)

\_\_\_ I am applying for the ECGrant and fee will be determined after approval

\_\_\_ \$17 Teaching Strategies GOLD online portfolio (all privately paying & ECGrant students)

5. 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

6. 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 \$5 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date