



**St. Catherine  
Early Childhood Education Center  
Enrollment Choice/Tuition Contract  
2025-2026**



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

How did you hear about us? \_\_\_\_\_

**Registration Fee \$100 Teaching Strategies Gold Fee \$20**

**1. Select an Enrollment Option based on your child's age as of 9/30/25**

	<b>Half Day Options (8 AM-11 AM)</b>	<b>Full Day Options (8 AM-3 PM)</b>	
Below are the monthly payments. To find the yearly tuition, multiply the monthly amount by 10. Tuition is a set price for the year. <u>Payments are split equally from August-May.</u>			
Indicate choice with a check mark	Options	Preschool (3 & young 4)	Pre-K (4 & young 5)
	3 Half days	\$240	<b>Not Available</b>
	5 Half days	\$330	\$330
	3 Full days	\$360	\$360
	4 Full days	\$420	\$420
	5 Full days	\$475	\$475

Indicate which days you are choosing. (Please circle) M T W R F

**Please note that tuition is split up over 10 months with the first payment due by 8/15/25 prior to school starting.**

**2. Extended Day Option**

Extended Day is a program designed to help families who are working or going to school and need care for their child outside of school hours. Extended Day opens at 6 AM and closes at 7:45 AM. It reopens at 3 PM until 6 PM. 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.**

Initial your choice below

\_\_\_\_\_ I have school or work that will necessitate utilizing the Extended Day service and acknowledge the associated fees and operational times.

\_\_\_\_\_ I will not be using the Extended Day on a regular basis but know I can use it when running late or for appointments. I acknowledge the associated fees and operational times.

3. In the last 12 months, has your child received childcare benefits through JFS or DCY? Y N

4. Please indicate the form of payment for tuition. Check all that apply. Please note that your account will be charged at the private pay rate until we received a notice of approval for the other forms of payment listed below.

- Private pay
- I am applying for PFCC/JFS, an Early Childhood Grant\* or Child Care Choice\*\*
- My child(ren) are already approved for publicly funded childcare benefits

\*Students must be 3 or 4 as of 10/1/25 and family must be at or below the 200% Federal poverty guidelines and reside in Ohio.

\*\*Must live in Ohio

5. Are you an Active Parishioner at Blessed Sacrament, Regina Coeli, St. Catherine or St. Clement? Circle Parish if it applies.

6. Please indicate the method of payment for tuition. Please note that tuition is split up over 10 months with the first payment due by 8/15/25 prior to school starting.

- Payment in full
- Tuition Express - automatic withdrawal (credit card, checking, savings)
- Other \_\_\_\_\_

I acknowledge that my account 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

Relation to child

**Those applying for and/or utilizing the benefits of Publicly Funded Child Care, Childcare Choice and ECE Grant programs 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

Relation to child