

St. Catherine of Siena Preschool & Mother's Day Out



Tuition Agreement

It is my understanding that my child, _____
is enrolled in **St. Catherine's Preschool and/or Mother's Day Out** Program.

I agree to pay an annual tuition of \$ _____, which may be paid in ten (10) monthly installments of \$ _____ which will be due on the first day of each month.

I understand that any tuition paid after the 5th of the month is subject to a late fee of \$25.00.

I agree to submit to the Director a written notice of withdrawal 30 days prior to the last day of attendance or agree to pay one (1) additional month of tuition.

I understand that NO WITHDRAWALS will be accepted after March 1st and any withdrawal made after that date will require payment-in-full of the remainder of the 10-month installment plan.

I understand that all registration fees are **NON-REFUNDABLE** and there are no refunds made for days missed due to family vacations or illness.

Signature of Parent or Guardian

Date

For Office Use Only

Fees Paid:

Registration: \$ _____ Check # _____

Supply: \$ _____ Date: _____

Tuition: \$ _____ Notes: _____

Program/Class: _____ Class Days: _____