



SACRED HEART  
CATHOLIC SCHOOL

# Sacred Heart Catholic School

4050 Hubbard Ave N., Robbinsdale, MN 55422 - Ph 763-537-1329

www.sacredheartschoolrobbinsdale.org



## 2019-2020 Tuition Contract 4/5yr Pre-K – All Day

Parent Name: (First, Last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_ Parish Registered In: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student(s) Name      Last Name (if different)      Birth Date      Age (as of 9/1/19)

### Enrollment Options:

**Drop off for All-Day Pre-K is 7:20am-7:55am; students engaged in centers.**

**Morning meeting begins at 8:00am, all students arrive.**

- Full day, 5 days      7:20am-2:10pm      \$665/month
- Full day, 4 days      7:20am-2:10pm      \$565/month
- Full day, 3 days      7:20am-2:10pm      \$465/month
- Half day, 5 days      7:20am-11:00am      \$420/month
- Kid's Club      2:10pm-5:45pm      Kid's Club Program Rates

\*Hot Lunch is available for a fee; lunches are ordered and paid for, in advance, online.

**\$150 is due at time of registration. (\$50 is applied to registration and \$100 is applied to tuition.)** A parent signature on the Family Tuition Contract will complete the registration process.

### Payment Options:

**Pay in full by August 15, 2019** \_\_\_\_\_

or

**Monthly Payments** (September - May) through FACTS Tuition. \_\_\_\_\_

(FACTS charges a one-time processing fee of \$41 when you activate your account. Must set up account by 8/1/19)

If accounts become 2 months delinquent, all Pre-K services will be terminated unless arrangements are made for payment. There is NO REIMBURSEMENT for SICK DAYS OR VACATION DAYS. One month's notice is required for withdrawal from the program. You will be liable for that month's tuition.

I agree to the terms of this Family Tuition Contract. I understand that this Family Tuition Contract is binding and that I am responsible for its contents. Registration of student is complete when the Family Tuition Contract is signed and registration fee is paid. Lack of signature will not guarantee student's enrollment.

Signature of Parent/Guardian Legally Responsible For Care and Well-Being of Child

Date

**For Office Use Only:**

Fee: \$150 \_\_\_\_\_ Ck #/Cash \_\_\_\_\_ Date Rec'd \_\_\_\_\_