



SACRED HEART
CATHOLIC SCHOOL

Sacred Heart Catholic School

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

www.sacredheartschoolrobbinsdale.org

faithful +
beginnings

2019-2020 Pre-K/Half-Day Tuition Contract

Parent Name: (First, Last): _____

Address: _____ City: _____ Zipcode: _____

Email: _____ Parish Registered In: _____

Home Phone: _____ Cell Phone: _____

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

FAMILY INVESTMENT

4-5yr. Pre-K	\$265/mo. Mon./Wed./Fri.	\$2,385/yr. 8:15 - 11:15a.m.	Select: A.M. Session: ____
--------------	-----------------------------	---------------------------------	-------------------------------

3 yr. Pre-K	\$175/mo. Tues./Thurs.	\$1,575/yr. 9:00 - 11:30a.m.	A.M. Session: ____
-------------	---------------------------	---------------------------------	--------------------

\$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 _____