

ST. MICHAEL PRESCHOOL
PreK TUITION CONTRACT SIGNATURE FORM

Parent(s)/Guardian(s):
 Name(s): _____

Home Address: _____

City: _____ Zip Code: _____ E-Mail: _____

Home Phone: _____ Work Phone: Mom [] _____ Cell Phone: Mom [] _____

Dad [] _____ Dad [] _____

Please list children who will be attending St. Michael Preschool in 2020-2021.

Student Name(s) (First Middle Last)	Date of Birth (mm/dd/yyyy)	Preschool Session In August 2020

Tuition Commitment:

I/We have reviewed the 2020-2021 Tuition schedule and agree to be bound by and accept the financial obligations associated with the enrollment of our child/children at St. Michael Preschool for the 2020-2021 school year. I/We have reviewed and accept the terms of the Delinquent Financial Obligation Policy.

_____ Please Initial

Tuition Payment Commitment:

I/We have selected the following Tuition and Fees payment schedule for 2020-2021. I/We have reviewed the Tuition and Fees Payment Policy and agree to be bound by the terms of the Tuition and Fees Payment Policy. I/We have reviewed and accept the terms of the Delinquent Financial Obligation Policy. (PLEASE INITIAL ONE ONLY)

_____ 10 Monthly Payments (August through May) Please Initial	_____ Annual Payment (August 1) Please Initial
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Parent/Guardian Signature	Initials	Date
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Parent/Guardian Signature	Initials	Date
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