



**TUITION CONTRACT
ELC-8th Grade
2018-2019**

Person to be billed: _____
 Address: _____
 City and Zip: _____
 Phone (Home): _____ (Work) _____ (Cell) _____
 Parish: _____

Student's Full Name	Male or Female	Grade Entering In Fall 2018	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TUITION PAYMENT SCHEDULE - PLEASE CHECK APPLICABLE PLAN

K-8

AFFILIATED TUITION FEES		NON-AFFILIATED CATHOLIC TUITION FEES	
<input type="checkbox"/> ½ Day Kindergarten	\$3,360	<input type="checkbox"/> ½ Day Kindergarten	\$4,140
<input type="checkbox"/> 1 Child	\$4,800	<input type="checkbox"/> 1 Child	\$5,940
<input type="checkbox"/> 2 Children	\$8,320	<input type="checkbox"/> 2 Children	\$11,480
<input type="checkbox"/> 3 Children	\$11,356	<input type="checkbox"/> 3 Children	\$17,020
<input type="checkbox"/> 4 Children or more	\$13,952	<input type="checkbox"/> 4 Children	\$22,560

EARLY LEARNING CENTER – Preschool and Pre-K (3-4 year olds)

<input type="checkbox"/> 2 - Half Days – TU/TH	\$2069	<input type="checkbox"/> 2 – Full Days – TU/TH	\$2868
<input type="checkbox"/> 3 – Half Days – M/W/F	\$2954	<input type="checkbox"/> 3 – Full Days - M/W/F	\$4152
<input type="checkbox"/> 5 – Half Days – M-F	\$4724	<input type="checkbox"/> 5 – Full Days – M-F	\$6720

EARLY LEARNING CENTER – Junior K (4-5 year olds)

<input type="checkbox"/> 5 – Half Days – M-F	\$4140	<input type="checkbox"/> 5 – Full Days – M-F	\$5940
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ELC ½ Day Schedule – 8:00am-12:00pm

ELC Full Day Schedule – 8:00am-3:00pm

**ELC tuition does not qualify for a multi-child discount.*

**By checking a tuition fee box above, you agree to pay that amount for the 2018-19 school year, unless a tuition reduction is noted on back*

- 1. **FACTS PAY IN FULL:** One payment deducted on Aug. 20, 2018
 - 2. **FACTS SEMI-ANNUAL:** Two payments deducted on Aug. 20, 2018 and Feb. 20, 2019
 - 3. **FACTS:** Ten (10) monthly payments automatically deducted from your bank account (Two Options: July 2018-April 2019 or August 2018-May 2019)
 - 4. **FACTS:** Twelve (12) monthly payments automatically deducted from your bank account (July 2018– June 2019)
 - 5. **FACTS: QUARTERLY:** Four payments due Aug. 20, 2018, Nov. 20, 2018, Feb. 20, 2019 and May 20, 2019
- NOTE: a \$43 non-refundable FACTS processing fee will be charged per agreement**

Students will NOT be admitted without a signed 2018-2019 school tuition contract.

TUITION POLICY

(Pursuant to Archdiocese of Denver Policy #5020)

Consequences that may apply to late payments: A nonrefundable fee of \$10 will be applied to any late payment. If tuition payments are 45 school days late, the student will not be allowed to continue attending school until full payment is made or partial payment is made along with an approved payment plan for the balance.

Consequences that may apply to non-payment: Students will not be permitted to register at another Catholic school within the Archdiocese of Denver until all financial obligations at their current or previous Catholic schools with the Archdiocese have been paid. Registration at the current school will not be accepted until all financial obligations have been met.

Contract cancellation/waiver: This contract may be cancelled or waived due to the following: transfer to another school, expulsion, student withdrawal, and student withdrawal on the grounds of parental behavior (list not exclusive). Parent/Guardian will remain responsible for any outstanding tuition payments and/or fees. Upon withdrawal or termination of the student's enrollment, tuition will be prorated to the last school day of the current month.

DECLARATION OF PARENT(S) AND/OR GUARDIAN(S)

I/We agree to abide by and comply with the terms and conditions stated in this Tuition Contract. I/We have had the contract explained and have been provided the opportunity for questions. I/We understand this is a legal, binding and enforceable contract.

Parent/Guardian Signature

Print Name

Date

Parent/Guardian Signature

Print Name

Date

OFFICE USE ONLY

Initial Tuition Rate: _____

____ Schmitz Family Found.

Financial Assistance (if applicable) _____

Type of Assistance
or Reduction:

____ ACE Scholarship

____ FACTS Grant & Aid

Tuition Reduction (if applicable) _____

____ Pastor Approval

____ Employee Discount

____ Seeds of Hope

Total Tuition Due after deductions _____

Registration/Technology fee: \$225 Rec'd _____ FACTS _____ Check # _____ Cash _____

Other Payments: _____ Check # _____ Cash Payment _____

Office Employee Signature Date

Pastor Signature Date

Principal Signature Date

Notes: _____