

St. Alphonsus Catholic School
104 South 5th Street
McComb, MS 39648
601-684-1843

2010 - 2011 Financial Agreement

Parent/Guardian Name _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

I understand there are four payment options available to me for the payment of my tuition at St. Alphonsus Catholic School:

1. Pay 100% of all fees at registration and receive a 3% discount on tuition (by July 1).
2. Pay 50% of all fees at registration (by July 1) and pay the balance by December 1st.
3. Pay by bank draft through the school tuition management system in 11 installments (July through May).
4. Pay by bank draft through the school tuition management system in 10 installments (August through May).

I understand that my payments through the *tuition management system* will be drafted on the 5th or the 20th of the month. I prefer:

() 5th () 20th

I understand that all fees must be paid in full before the last day of school. Fees that may be included in my *tuition management payments* are: tuition, extended day rates (after school & before school care), and Capital Assessment Fee. My tuition payment selection is:

() 100% () 50%
() 11 installments () 10 installments

I understand that Registration Fees must all be paid at time of registration. Book and Supply Fees must be paid before May 15th. These fees along with Capital Assessment Fee are all non-refundable. I also understand that if the Capital Assessment Fee is not added with tuition payments, then it is also due at the time of registration.

I understand that if my child attends school for at least one day in a semester, I am obligated to pay full tuition for that semester.

I understand that lunch fees must be paid on a monthly basis by the 5th of each month

I agree to the above payment arrangements and understand that I am fully responsible for these arrangements. I also understand that there will be a \$25.00 service charge for any and all payments not made on the specified time stated above. This service charge will be posted to my account the day following my due date if a payment has not been made or payment is returned NSF from the bank.

Date: _____ Signature: _____

Parent or Guardian

Signature: _____

Authorized School Personnel

SEE ATTACHED TUITION SCHEDULE & FEE RECEIPT
ALL ADMISSION FEES ARE NON-REFUNDABLE

St. Alphonsus Catholic School

2010-2011 Fee Receipt

104 South 5th Street
 Mc Comb, MS 39648
 Phone 601-684-1843

Fax 601-684-1831

Family Name: _____

Student Name		Grade
Name of Fee	Information about Fee	Amount of Fee
ADMISSION FEE (Due at time of registration to ensure spot for next year)	\$200.00 One Child Family	
	\$300.00 PER FAMILY 2 or More Child Family	
SUPPLY FEE Due by May 15	\$100.00 Per Child (____x)	
BOOK FEE Due by May 15	\$125.00 PER CHILD ELEMENTARY ONLY	
CAPITAL ASSESSMENT	(Tax Deductible) \$400.00	
<u>THE ABOVE FEES ARE NON - REFUNDABLE</u>		
TUITION Oldest child determines first child rate. ASC YES _____ NO _____	Elementary 1 st child: _____ 2 nd child: _____ 3 rd child: _____	
	Preschool \$2250.00 (____x) \$3575.00 (____x)	
Total Tuition Costs		
Total		

Calculations:

100% Paid at Registration – Receive 3% Discount

Total Tuition Costs _____ minus 3% _____ = _____

Due July 1

50/50

Total Tuition Costs _____ divided by 2 = _____
Due July 1

_____ Due Dec. 1

Total Tuition Costs _____ divided by 10 = _____
(Payments start in August)

Total Tuition Costs _____ divided by 11 = _____
(Payments start in July)

Date: _____
Parent/Guardian Signature

Authorized School Personnel