

St. Catherine Of Siena
Preschool & Mother's Day Out



TUITION AGREEMENT

It is my understanding that my child, _____ is enrolled in St. Catherine's Preschool and/or Mother's Day Out Program. I agree to pay a monthly tuition of \$ _____, and \$ _____ for the Extended Day Option for a total of \$ _____, which will be due on the first class day of each month. I understand that any tuition paid after the 10th of the month is subject to a late fee of \$10.00.

I agree to submit to the Director a written notice of withdrawal two (2) weeks prior to the last day of attendance or agree to pay one (1) additional month of tuition.

I understand that NO WITHDRAWALS will be accepted after March 1st and any withdrawal made after that date, will require payment in full of the remainder of the 10-month installment plan.

I understand that all registration fees are NON-REFUNDABLE and there are no refunds made for days missed due to family vacations or illness.

Signature of Parent or Guardian

Date

Tuition Agreement
9.29.2009

For Office Use Only

Registration Amount Paid:\$ _____ Extended Day Registration Paid: \$ _____

Check # _____ Date: _____

Enrolled in: _____ Class Day: _____ Extended Day: _____