



2016- 2017
MMSA Catholic School
Pre-School Contract

Student Name (one form per student)

First	Middle	Last	Age	Date of Birth
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PRE-SCHOOL BEFORE SCHOOL EXTENDED DAY

(6:45 A.M. – 8:00 A.M.)

<i>Please mark the appropriate option and circle the requested days:</i>	Yearly Rate:
<input type="checkbox"/> 5 days a week	\$945.00
<input type="checkbox"/> 4 days a week M T W Th F	\$765.00
<input type="checkbox"/> 3 days a week M T W Th F	\$585.00
<input type="checkbox"/> 2 days a week M T W Th F	\$360.00
<input type="checkbox"/> 1 day a week M T W Th F	\$180.00

PRE-SCHOOL

(8:00 A.M. – 11:00 A.M.)

	Yearly Rate:
<input type="checkbox"/> 5 Day Program (M – F)	\$2935.00
<input type="checkbox"/> 3 Day Program (M,W,F)	\$1890.00
<input type="checkbox"/> 2 Day Program (T, Th)	\$1395.00

PRE-SCHOOL LUNCH BUNCH

(11:00 A.M. – 3:00 P.M.)

<i>Please mark the appropriate option and circle the requested days:</i>	Yearly Rate:
<input type="checkbox"/> 5 days a week	\$2745.00
<input type="checkbox"/> 4 days a week M T W Th F	\$2250.00
<input type="checkbox"/> 3 days a week M T W Th F	\$1710.00
<input type="checkbox"/> 2 days a week M T W Th F	\$1155.00
<input type="checkbox"/> 1 day a week M T W Th F	\$585.00

PRE-SCHOOL AFTER SCHOOL EXTENDED DAY

(3:00 P.M. – 6:00 P.M.)

<i>Please mark the appropriate option and circle the requested days:</i>	Yearly Rate:
<input type="checkbox"/> 5 days a week	\$1890.00
<input type="checkbox"/> 4 days a week M T W Th F	\$1620.00
<input type="checkbox"/> 3 days a week M T W Th F	\$1305.00
<input type="checkbox"/> 2 days a week M T W Th F	\$945.00
<input type="checkbox"/> 1 day a week M T W Th F	\$495.00

Total Tuition Due _____

PRE-SCHOOL TUITION AGREEMENT

The early registration fee is \$100 per student and is due at the time of registration. After March 1, a \$150 per student registration fee applies.

You will be contacted via e-mail with a link to set up/update your TADS (our on-line tuition payment program) payment preferences through TADS. Please set up these preferences in a timely manner to ensure the payment plan you desire.

The annual enrollment fee is \$45 for monthly payments. If you choose to pay in one or two installments, there is no annual fee. You will be able to access your statements, tax records, and make payments directly online through TADS.

Afternoon Extended Day

There is a \$5.00/15 minute late pick up fee after 6:00 p.m. each day. We realize that plans may change for your child(ren)'s extended day needs. In order to plan appropriately for staffing, please alert us to any changes as quickly as possible. Drop-in care is available as space permits.

In consideration for the educational services provided to my child by Maternity of Mary – St. Andrew School, I agree to pay the total tuition listed by June 20, 2017 in accordance with the designated payment plan.

Signature

Date

PARENT/GUARDIAN PERMISSIONS

Please initial each selection and sign

_____ I grant permission to MMSA to use and reproduce photographic images of each student named above, in its newsletters, catalogs, brochures, advertisements, website, and other publications.

_____ I DO NOT grant permission to MMSA to use and reproduce photographic images of each student named above, in its newsletters, catalogs, brochures, advertisements, website, and other publications.

_____ I/We authorize Maternity of Mary-St. Andrew to take my child(ren) on Type I Field Trips (walking) during the school year.

_____ I/We agree to abide by the policies set forth in the Student/Parent Handbook available online at www.mmsaschool.org

Signature

Date

PARENT/GUARDIAN INFORMATION: please print clearly

Name(s) _____

Mother/Guardian

Father/Guardian

Address _____

Home Phone (land line) _____

Mother/Guardian's Cell Phone _____

Mother/Guardian's Email _____

Mother/Guardian's Occupation _____

Mother/Guardian's Place of Employment _____

Father/Guardian's Cell Phone _____

Father/Guardian's Email _____

Father's/Guardian's Occupation _____

Father's/Guardian's Place of Employment _____

My Family Belongs to: _____ **Parish**

For Office Use Only:

Date _____ ***Amount Paid*** _____

Check # _____ ***Credit Card*** _____ ***Cash*** _____ ***Initials*** _____