



Saint Mary Magdalen
Catholic School

SAINT MARY MAGDALEN CATHOLIC SCHOOL

Tuition Contract Form 2017-2018

Thank you for registering your child(ren) for the 2017-2018 school year at Saint Mary Magdalen Catholic School. Please print all information.

Family Name: _____

Parent(s) Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Name(s) of child(ren) and grade(s) entering in August 2017

Child's Name _____ **Grade** _____ **Child's Name** _____ **Grade** _____

Child's Name _____ **Grade** _____ **Child's Name** _____ **Grade** _____

Religion: _____ **Parish:** _____ **Registered Parishioner** _____ **Yes** _____ **No**

Please indicate if you are choosing part-time for Pre-K 3. _____ **Yes** _____ **No**

Please indicate part-time schedule _____

Please indicate your choice for payment of tuition for the 2017-18 School Year:

_____ Option 1- Single Payment Plan for tuition due on July 1, 2017

_____ Option 2- Two Payment Plan for tuition due on or before July 1 and December 1

_____ Option 3- Monthly Plan...Tuition budgeted over 11 months starting July 20 through May 20 of the current school year.

For option 3 a one-time yearly set up fee of \$35 will be processed within two weeks of the first tuition withdrawal .

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NOTE: Saint Mary Magdalen automatic withdrawal plan form not completed by April 1 or changes in Payment Plan Options after April 1 will incur a processing fee of \$50. Families who leave mid-quarter are required to complete tuition payments for the quarter. All tuition payments will be rounded up to the nearest dollar.

Name of Responsible Party for Payment Plan: _____

Address: (if different from previous) _____

Home Phone: _____ **Cell Phone:** _____

Business Phone: _____ **Email Address:** _____

I agree to the above terms for my child(ren) to attend Saint Mary Magdalen Catholic School.

Signature of Parent or Guardian: _____

For questions concerning any of the above information, please contact Judy Chiodini at 314-503-3793 or judychiodini@hotmail.com



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Registration Form 2017-2018

Family Name _____ **Date** _____

Mother/Guardian Name _____ **Home Phone** _____

Address _____

Occupation _____ **Business Phone** _____

Cell Phone _____ **Email** _____

Father/Guardian Name _____ **Home Phone** _____

Address _____

Occupation _____ **Business Phone** _____

Cell Phone _____ **Email** _____

Parish of Residence _____

Public School District _____

Public School _____

<u>Child's Name</u>	<u>Entering Grade</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For Office Use Only

Registration Fee (\$200/family) Date Paid _____ Amt. Paid _____ Ck # _____ Rcd By _____

Milk Card (\$30 each) Date Paid _____ Amt. Paid _____ Ck # _____ Rcd By _____