



St. Rose's Garden
2018 - 2019
Financial Agreement

Person(s) financially responsible for payment: _____

Billing Address: _____

City: _____ State _____ Zip Code _____

Phone: (Cell) _____

(Landline) _____

(Work) _____

E-mail address for billing and statements: _____

Preschool & Pre-K Registration Fee: \$150.00 (Yearly) per child: This a non-refundable fee due by August 1st. The fee covers all supplies, testing, handbook, yearbook, student records, educational software and a book for child's birthday.

Please check Option A or B

**Option
A**

7:00 a.m. to 5:30 p.m. Price includes the following:

**Childcare: 7:00 to 8:15 a.m.
Preschool/PreKindergarten Classes 8:15 a.m. to 11:15 a.m.
Childcare: 11:15 a.m. to -5:30 p.m.
Morning and Afternoon snacks provided**

**COST: \$4950 per school year. Billed September through May (9 payments) for a cost of
\$550 per payment**

**Option
B**

**8:15 a.m. to 11:15 a.m. Preschool or Prekindergarten morning class only
Morning snack provided**

**COST: \$2925 per school year. Billed September through May (9 payments) for a cost of
\$325 per payment**

NOTE: \$5.00 per hour is the rate charged for each additional hour (or any portion thereof) after 11:15 a.m.

INSERVICE DAYS/CHRISTMAS & SPRING BREAK: When school is not in session and childcare is held: Cost is \$25 for full days (5 or more hours) OR \$18 for half days (less than 5 hours).

Payments will be automatically drafted from a bank account or charged to an on-file credit card on the 20th of each month or the next business day. By Selecting credit card you are also agreeing to an additional 4% charge to cover credit card fees paid by the school.

Select Bank
Your Account
Payment Credit
Method: Card

NOTE: All tuition and other charges must be paid in FULL by the end of the 2nd and 4th quarters. If charges are outstanding the Students will not be enrolled in the following quarter: charges included but are not limited to Tuition, After School Care, Lunches, Special Project fees etc. Any charges 30 days past due will be subject to collections and late fees.

Complete if you selected "Bank Account" as your payment method (attach a voided copy of a check)

Your Name(s) as it appears on the account:

Bank Name:

ABA Routing #: Account #:

Bank Address: Bank City, State & Zip:

Complete if you selected "Credit Card" as your payment method

Card Type: Visa MasterCard Discover

Cardholder Name (as it appears on the card): 3 Digit CVV/ Security Code:

Card Number: Expiration Date:

I authorize the above named school to make withdrawals or charges to the bank account or credit card I have designated above. Withdrawals and charges will be consistent with the selections I have made on this form. I certify that I am an authorized user of the accounts listed. This authorization shall be in effect until I provide 10 days written notice of a cancellation. I acknowledge that additional charges will incur in the event charges or withdrawals are declined by the bank or credit card listed.

Authorization Signature:

Printed Name: Date: