

St. Joseph Catholic Preschool & PreKindergarten

2026-2027 School Year

Tuition Agreement

Child's Name: _____ DOB: _____

Family Last Name: _____

Parent First Names: _____ & _____

Address: _____

City: _____ Zip: _____

Dad Cell: _____ Dad Email: _____

Mom Cell: _____ Mom Email: _____

Tuition Payment Plans

Catholic Rate

Monday thru Friday 8:00 am to 3:00 pm

___ 9 payments of \$381.00
___ 1 payment of \$3,429.00

Monday thru Friday 8:00 am to 11:30 am

___ 9 payments of \$275.00
___ 1 payment of \$2,475.00

Non Catholic Rate

Monday thru Friday 8:00 am to 3:00 pm

___ 9 payments of \$441.00
___ 1 payment of \$3,969.00

Monday thru Friday 8:00 am to 11:30 am

___ 9 payments of \$335.00
___ 1 payment of \$3,015.00

*Monthly payments due September thru May of the 1st of each month, delinquent after the 15th. One time payment is due by September 1st.

*Second preschool child is half price. If you have children at our K-8 school, you will receive \$50 a month off above price.

*There is a \$65.00 non-refundable enrollment fee for each student due at the time of registration.

***After April 1st, enrollment fee for each student is \$75.00.**

By signing below we agree to the above noted payment plan.

We also acknowledge that we have read and understand the terms of the tuition outline, which are incorporated into and made a part of this agreement. We further understand the importance of financial responsibility for the payment of tuition in a timely manner. We have read and understand the information about the consequences should our tuition become delinquent.

We also agree that should circumstances arise affecting our ability to pay tuition, we will inform the Pastor of the circumstances and make arrangements for tuition to be made current before the 60 day delinquent time.

Date: _____ Parent Signature: _____

Referred by: _____