



St. Michael
CATHOLIC SCHOOL

2022-23 Preschool Financial Contract

Parent/Guardian Name _____ SSN _____

Parent/Guardian Name _____ SSN _____

Address (Street, City, Zip) _____

Contact Ph # 1 _____ Contact Ph # 2 _____

E-Mail(s) _____

_____ Full Time Student 5 day 8-2:45: \$4,900 (\$490/month) _____ PT Student 3 Day MWF 8-2:45: \$2,950 (\$295/month)

Student Name(s) _____
Date of Birth _____

Payment Options:
_____ Pay in Full by August 1
_____ Pay in monthly installments Aug-May

Registration Fee	\$
Tuition	\$
Total Due	\$
Amount Paid	\$
Balance Due	\$

By signing this agreement, I acknowledge I have received the Tuition Policy and understand our financial obligations and agree to payment as marked above. A non-refundable \$100.00 registration fee per student is due at the time of registration.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Ck# _____ Amt of Ck _____ Date Pd _____ Installment Plan Set _____