

# SAINT ALBERT THE GREAT RELIGIOUS EDUCATION 2017-2018 TUITION COMMITMENT FORM

\_\_\_\_ OPTION 1. I will pay the full year's tuition by September 15, 2017.  
\*If paid with check or cash \$10.00 discount will be given.

\_\_\_\_ OPTION 2. I will have my payments automatically debited or charged to a credit card, through St. Albert the Great's WeShare program. All balances are due by April 1, 2018.

To set up Online WeShare payments:

- Go to [www.stalbertthegreat.net](http://www.stalbertthegreat.net)
- Go to "We Give, then "On-line Giving"
- Click on "Donate Now"
- Scroll to "Events and Collections" to "Religious Education Fees"
- Click "Make a Payment" and choose "Recurring Payment" or "One Time Payment" and follow the directions.

Family Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Billing Name and Address (if different than above) \_\_\_\_\_

| Tuition Rates/Calculator  |                   |                      |                     |
|---|-------------------|----------------------|---------------------|
| PROGRAM   | NAMES OF CHILDREN | FEE PER CHILD        | AMOUNT              |
| Early Childhood (3yrs-K)  |                   | x \$70.00            |                     |
|   |                   | x \$70.00            |                     |
|   |                   | x \$70.00            |                     |
| Grades 1-8 (first child)  |                   | x \$110.00           |                     |
| Additional children   |                   | x \$90.00            |                     |
|   |                   | x \$90.00            |                     |
|   |                   | x \$90.00            |                     |
|   |                   | x \$90.00            |                     |
| Out of Parish Fee   |                   | x \$20.00 per family |                     |
|   |                   |                      | Total \$ _____      |
| *Cash or check payment in Full by September 15, 2017 (Option 1 only) -\$10.00 |                   |                      | \$ _____            |
|   |                   |                      | Amount Due \$ _____ |

**\*\*THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR REGISTRATION FORMS\*\***

I understand that this is a legal debt, and in case of financial hardship it is my responsibility to contact the Religious Education Office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

For Office use only

ENV # \_\_\_\_\_ QB \_\_\_\_\_ Payment \_\_\_\_\_

