

St. Joseph Parish School Preschool/Pre-K Enrollment Form



Parent/Guardian Full Name: _____

Student Name: _____ Parish Affiliation: _____

Address _____

E-Mail Address _____

Cell Phone _____ Home Phone _____

Select a Preschool/Pre-K Program & Payment Plan

Program Selection				Payment Plan	
Selection	Program	Day/Time	Annual Tuition	Payment in Full	Facts Monthly Payment Plan
	3 Day	Tue, Wed, Thr 8:25 – 11:30 am	\$1,626.00		
	4 Day	Mon Tue Wed Thr 8:25 – 11:30am	\$2,095.00		
	5 Day	Mon-Fri 8:25 – 3:15pm	\$4,603.00		

*Monthly payments using FACTS Tuition Management Online - There is a ONE TIME \$45 fee paid directly to FACTS two weeks within activation of your payment plan.

Select \$50 Registration Fee Method of Payment (choose one)

_____ Check payable to St. Joseph Parish School

_____ ACH Debit/Credit card – saintjoe.org/tuition Payment Date _____ (Must be prior to submitting paperwork)

I have read and understand this form including my responsibility to select a payment plan and pay tuition. Acceptance is contingent on payment of the \$50.00 non-refundable Registration Fee.

Print name

Signature

Date

For Office Use Only Accepted by: _____ Date: _____

Payment Received: \$ _____ Type: _____