

**St. Didacus Parish School
2019-2020 Philosophy, Registration, and Tuition Agreement**

Child(ren)'s Last Name (please print): _____

Please print your child(ren)'s name(s) and grade they will be going into in August, 2019:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

A. Christian Values and Supportive Policy (Please initial beside each point below to acknowledge)

- _____ 1. I (we) agree to comply with all school and Diocesan policies and regulations. I (we) agree to uphold the standards of the school and I (we) pledge to cooperate with and support the administration, faculty and staff, recognizing that positive and open communication between home and school is in the best interest of the school community, and is vital to creating a climate conducive to a quality education.
- _____ 2. I (we) recognize our responsibilities as the primary educators of our children. I (we) will strive to maintain a Christian atmosphere in my (our) home by regular family prayer and Sunday worship. I (we) will cooperate with St. Didacus Parish School in maintaining and actively supporting a Catholic School community which teaches and reinforces Christian values and habits.

B. Registration Agreement (Please initial beside each point below to acknowledge)

- _____ 1. **Annual Registration Fees** - I (we) agree to pay a non-refundable registration fee of:
- \$350.00 for the eldest or only child (\$275.00 per child in preschool). **Due on Tuesday, April 9, 2019.**
 - \$330.00 for each additional child. **Due on Tuesday, May 7, 2019.**
 - I (we) understand that this fee must be paid at the time of registration to guarantee a space for my (our) child(ren).
- _____ 2. **Volunteer Service Obligation - In lieu of a non-deductible fee of \$450.00**, I (we) agree to volunteer 30 hours of service, valued at \$15 per hour (15 hours for Preschool) and/or to provide in-kind contributions of the same value to St. Didacus Parish School between May 1, 2019 and April 30, 2020.
- _____ 3. **Scrip Rebate Obligation – In lieu of a non-deductible fee of \$130.00**, I (we) agree to earn a minimum of \$130.00 (\$65.00 if Preschool) in rebates through the Shop with Scrip Gift Card Program between May 1, 2019 and April 30, 2020.
- _____ 4. **Fundraising Activities** – I (we) pledge my (our) support of the fundraising activities of the school. I (we) understand that if these commitments are not fulfilled, my (our) child(ren) will not be re-enrolled.

C. Parishioner Status (Please choose one option)

_____ **St. Didacus Parishioner** – I (We) are members of St. Didacus Parish Church. Note: Parishioner status is determined per parish policy and will be verified by the parish office.

_____ **Catholic, Non-Parishioner** – I (We) are members of _____ Parish, located in _____ . Note: member status will be verified with your parish.

_____ **Non-Catholic** – I (We) are not members of any Catholic Church.

Parent's Name (Print)

Signature

Date

Parent's Name (Print)

Signature

Date

St. Didacus Parish School 2019-2020 Tuition Rates & Payment Options
K-8 Tuition Rates (Annual)

Number of Children	St. Didacus Parishioner	Catholic, Non-Parishioner	Non-Catholic
1	\$ 5,600	\$ 6,300	\$ 7,100
2	\$ 9,400	\$ 10,600	\$ 12,000
3	\$ 13,300	\$ 15,000	\$ 17,000
4	\$ 15,250	\$ 17,100	\$ 19,300
Each additional child	\$ 1,800	\$ 2,050	\$ 2,350

Preschool Tuition Rates (Annual)

Number of Days	Half Days		Full Days	
	(8:00am – 12:00pm)		(8:00am – 2:45pm)	
2 (T-Th)	\$	3,200	\$	3,750
3 (M-W-F)	\$	4,050	\$	4,700
4	\$	4,600	\$	5,700
5	\$	5,650	\$	6,400

Tuition Payment Options (Please check either Option A or Option B):

_____ A. **Annual payment:** due July 1, 2019; 4% discount will be given for payment in full. Note: this discount is not available for families receiving financial aid.

_____ B. **Monthly payments:** Monthly tuition payments will be due on the 1st of each month and are payable through FACTS Tuition Management Program. Payments that are received 30 days or more after the due date will be assessed a late fee of \$10.00. Please select one of the following payment options:

_____ ACH/Direct Debit: Monthly tuition payments are automatically debited from your Checking or Savings account, or charged to your credit/debit card.

_____ Monthly Invoice: Tuition will be billed to you monthly by FACTS.

**** Please note: A non-refundable enrollment fee of \$45.00 will be added to your first monthly payment ****

Monthly Payment Plan Options (Please select one of the following options):

_____ Option 1: 12 payments, beginning in July, 2019 and ending in June, 2020

_____ Option 2: 10 payments, beginning in July, 2019 and ending in April, 2020

Person(s) Responsible for tuition payments:

Name(s) _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (_____) _____ Cell (_____) _____

Email Address: _____

Person(s) with whom child lives (if different than above):

Name(s): _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (_____) _____ Cell (_____) _____

Email Address: _____