Faith. Family. Foundations.
Bishop's Academy at Holy Family

WESTERN REGION CATHOLIC SCHOOLS
NURSERY & PRE-K TUITION PAYMENT FORM
2008-2009

STUDENT NAME_____
Last First Middle

STREET ADDRESS_____

CITY _____STATE _____ZIP _____PHONE _____

CHILD LIVING WITH: MOTHER_____FATHER_____ BOTH_____OTHER_____

PERSON RESPONSIBLE FOR PAYMENT OF TUITION
MUST COMPLETE ITEMS 1-4 TO REGISTER YOUR CHILD

1. NAME _____SOC SEC#_____
Last First Middle

STREET ADDRESS_____

CITY_____STATE_____ZIP_____PHONE_____

EMPLOYER_____WORK #_____ EXT._____

2. **IT IS AGREED THAT TUITION WILL BE PAID AS INDICATED BELOW**
SIGNATURE OF PERSON RESPONSIBLE FOR TUITION_____

3. **PAYMENT PLAN – MUST SELECT ONE**

_____PLAN A – MONTHLY PAYMENT DUE BY THE 1st OF THE MONTH – BILLED BY DIOCESAN FINANCE OFFICE
_____PLAN B – MONTHLY THRU FACTS PROGRAM (10 MONTH PLAN - BEGINNING SEPTEMBER THROUGH JUNE)

4. PLEASE ENCLOSE A NON-REFUNDABLE APPLICATION FEE OF $50.00 PER STUDENT. MAKE CHECK OR MONEY ORDER PAYABLE TO YOUR SCHOOL. PLEASE RETURN ALL COMPLETED FORMS ALONG WITH PAYMENTS TO YOUR SCHOOL OFFICE.

MOTHER'S NAME

ADDRESS_____

CITY/STATE_____ZIP_____

EMPLOYER_____

EMPLOYER'S PHONE_____

FATHER'S NAME

ADDRESS _____

CITY/STATE_____ZIP _____

EMPLOYER_____

EMPLOYER'S PHONE_____

PLEASE CHECK DESIRED PROGRAM

	Days	Time	Fee
_____2 DAY AM **NURSERY**	T TH	8:30 AM-11:00 AM	$100 PER MONTH
Half Day Pre-K Programs			
_____3 DAY AM	M W F	8:30 AM-11:00 AM	$120 PER MONTH
_____3 DAY PM	M W F	12:00 PM-2:30 PM	$120 PER MONTH
_____5 DAY PM	M thru F	12:00 PM-2:30 PM	$190 PER MONTH
Full Day Pre-K Programs			
_____5 DAY	M thru F	8:00 AM - 2:00 PM	$365 PER M ONTH
_____3 DAY (if available)	M W F	8:00 AM - 2:00 PM	$230 PER MONTH