



Tuition Payment Agreement

Child's Name: _____ Date: _____

Address: _____

Phone: _____
Residence Business

Parish: _____

Children Enrolled in St. Michael Preschool for the _____ School Year:
Name: _____ Grade: _____

I hereby agree to pay the tuition and fees for my children enrolled in St. Michael Preschool in accordance with the following payment plan: (check one)

_____ Annual

_____ Quarterly

_____ Semi-Annual

_____ Monthly

Please initial to indicate you have read the following:

I understand that a late fee will be assessed if any tuition payment is not received within seven days of the due date. In addition, a \$40.00 fee will be assessed each time a check is returned for insufficient funds.

Your signature indicates that you (1) agree to pay the tuition and fees for your children enrolled at St. Michael Preschool. This payment plan will remain in effect for the _____ school year unless the principal or pastor approves a change in plan.

Signature

Date