



WCP Tuition Payment Agreement 2017-2018

Father's Name: _____ Work or Cell: _____

Mother's Name: _____ Work or Cell: _____

Home Address: _____

City and Zip: _____ Home Phone: _____

Email Address: _____

LIST CHILDREN REGISTERED FOR 2017-2018

	<u>Name (Last, First)</u>	<u>Grade in 2017-2018</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

PAYMENT OPTIONS

<u>Days</u>	<u>Monthly</u>	<u>Annual</u>	<u>Annual 3% Discount</u>
T/Th	\$230.	\$2300.	\$2231.
M/W/F	\$345.	\$3450.	\$3347.
M-F	\$575.	\$5750.	\$5578.

ALL Tuition and ASC payments require an automatic draft/credit card form.



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TUITION PAYMENT AGREEMENT

I agree to pay \$ _____ for Tuition /ASC each month for _____ months for the WCP year 2017-2018 beginning _____. I understand that **ALL** Tuition and ASC payments **require** an automatic draft/credit card form. I also understand that any/all NSF Bank Drafts or Credit Card transactions will result in a \$35 fee. I understand that my child can be withdrawn from St. Peter's WCP the first day of the second month that tuition is not paid unless a formal written payment agreement has been approved by the Principal or Director. I agree to pay After School Care per ASC Contract on a monthly basis.

Withdrawal: Withdrawal must be submitted in writing before the 15th of the previous month to avoid charges for the following month. **ALL Tuition & Fees are Non- Refundable.**

Parent/Guardian Signature

Date

Relationship to student(s)

Social Security Number of Responsible Party