



St. Marguerite D'Youville Academy 2009-2010 K - 6th Grade Tuition Agreement"

Father's name:		Phone:	
Mother's name:			
Address:			
		Zip:	

We (I) are (am a) registered member(s) of _____ Parish.

"We (I) wish to enroll our (my) child(ren) in St. Marguerite D'Youville Academy for the 2009-2010 school year. Tuition assistance is available for qualifying families. SMDA offers an afterschool Latchkey program from 2:30pm to 5:00pm at the rate of \$3.50 per hour for one child or \$5.00 for more than one child. For further information or if you have any questions, please contact the principal."

Child's Name	Grade in Sep-09	Tuition		Actual cost to educate
		Catholic	Non-Catholic	
		1 child	\$2,150 \$2,300	\$4,078
		2 children	\$3,050 \$3,260	\$8,156
		3 children	\$3,523 \$3,765	\$12,234
		4 children	\$4,000 \$4,270	\$16,312
		5 children	\$4,475 \$4,775	\$20,390

(please circle one)

Please
initial

"I agree to pay St. Marguerite D'Youville Academy automatic payments that will come out of my account each month according to the dates I have requested through FACTS tuition Management "	
Tuition Assistance Fundraising opportunities will be made available to all families during the school year. Any profits raised by my family will be subtracted from my tuition balance after completion of the event.	
OR I agree to pay my tuition in full on or before the first day of school, September 3, 2009.	
I commit my family to 20 hours of Volunteer Service.	

If you are unable to meet these requirements, please contact the principal.

Tuition		Enter tuition amount circled above
+ registration fee	\$75	per family. Due at time of registration
- weekly contributor at Catholic Parish		Subtract \$100 if you are a regular envelope contributor to the Catholic parish listed above. This must be approved by your pastor.
Total		

Parent Signature	Principal's Signature
Date	Date
	Parish Priest (weekly envelope verification) Date

I agree to pay the tuition in full by placing my tuition on my credit card by September 3, 2009 .

Name _____ Visa

Account # _____ Mastercard

Expiration date _____ / _____ Discover

Authorized signature _____

Please process the \$75 registration fee with this card. Yes No Not applicable*

Please contact the school secretary with any questions.

To assure full payment, legal action will be taken in all delinquent cases.
Please complete all unshaded areas.