



Tuition Payment Agreement 2018-2019

Father's Name: _____ Work or Cell: _____

Mother's Name: _____ Work or Cell: _____

Home Address: _____

City and Zip: _____ Home Phone: _____

Email Address: _____

Are you a UIW Brainpower, Archdiocesan or St. Peter Prince of Apostles employee? _____ If so, please indicate if mother or father is the employee (circle one).

LIST CHILDREN REGISTERED FOR 2018-2019

Name (Last, First) – List children oldest to youngest	Grade in 2018-2019	After School Care (Mark one option per child)
1. _____	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Drop In <input type="checkbox"/> Early Dismissal
2. _____	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Drop In <input type="checkbox"/> Early Dismissal
3. _____	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Drop In <input type="checkbox"/> Early Dismissal
4. _____	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Drop In <input type="checkbox"/> Early Dismissal

New Students: I agree to pay \$100 Registration and all Fees for each WCP child and / or \$225 Registration and all Fees & PTC Dues for each School student at Registration.

Returning Students: I agree to pay \$100 Registration for each WCP child and / or \$225 Registration for each School student at Re-registration. I agree to pay WCP Fees by August 1, 2018 and / or School Fees & PTC Dues by July 2, 2018.

I agree to pay \$ _____ for Tuition and After School Care each month for _____ months for the WCP and / or School year 2018-2019 beginning _____. I understand that ALL Tuition and incidental payments **require** a FACTS Payment Plan Agreement and my preferred payment method with (ACH/Credit Card) details must be provided. See FACTS Flexible Payment Options and FACTS Tuition Management Policy. I also understand that any/all NSF Bank Drafts or Credit Card transactions will result in a \$30 fee. I understand that my child(ren) can be withdrawn from St. Peter's WCP and / or School the first day of the second month that tuition is not paid unless a formal written payment agreement has been approved by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 designee. I agree to pay After School Care on a monthly basis if I select this service. Other financial obligations and incidental charges (e.g., fines, damaged and/or lost property charge, etc.) will be paid in a timely manner. ALL Registration, Fees, Dues & Tuition, are Non- Refundable.

Withdrawal: Withdrawal from WCP must be submitted in writing before the 15th of the previous month to avoid charges for the following month.



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This form is completed by our School Accounts Manager. Call (210) 824-3171 to schedule an appointment.

	Name (Last, First) - List children oldest to youngest	Amount
1.	Registration	
	Plus Fees & PTC Dues (If Applicable)	
	Registration, Fees & PTC Dues Subtotal	
2.	Registration	
	Plus Fees	
	Registration & Fees Subtotal	
3.	Registration	
	Plus Fees	
	Registration & Fees Subtotal	
4.	Registration	
	Plus Fees	
	Registration & Fees Subtotal	
TOTAL REGISTRATION, FEES & PTC DUES (If Applicable)		

Preferred Payment Date:

1st or 15th of the month or

Other Date _____



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	Name (Last, First) - List children oldest to youngest	Amount
1.	Tuition	
	Less Applicable Discounts, Hope for Future funds, etc.	
	Tuition Subtotal	
2.	Tuition	
	Less Applicable Discounts, Hope for Future funds, etc.	
	Tuition Subtotal	
3.	Tuition	
	Less Applicable Discounts, Hope for Future funds, etc.	
	Tuition Subtotal	
4.	Tuition	
	Less Applicable Discounts, Hope for Future funds, etc.	
	Tuition Subtotal	
TOTAL TUITION		
Number of Payments		
MONTHLY TUITION AMOUNT		

Preferred Payment Date: 1st 15th of each month.

Parent/Guardian Signature

Date

Relationship to student(s)

Social Security Number of Responsible Party



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For Office Use Only

- Registration Payment received (New Students)
- Fees Payment received (New Students)
- Re-Registration Payment received (Returning Students)
- Fees Payment received (Returning Students)
- PTC Dues Payment received
- Registration, Fees & PTC Payment Method: _____
- Parish Letter of Good Standing received
- Military ID shown
- UIW Brainpower Employee ID#: _____
- Archdiocesan Employer: _____
- ACH/CC/Cash/Payroll Deduction information received
- Payroll Salary Reduction Agreement
- FACTS Parent Account Created
- Renweb Family Account Setup
- Family ID: _____