

St. Michael Catholic Preschool

1100 N. College St. Auburn, AL 36830 334-887-5540
sm.preschool@yahoo.com

(ONE FORM PER FAMILY)

TUITION AGREEMENT FORM 2017-2018

OFFICE USE ONLY:

Date Rec'd _____ Staff Initials: _____

___ Full or Prorated Tuition Paid

Cash ___ Check # _____

Amount paid \$ _____

___ Electronic Debit

(Effective date: _____ thru 4/15/18)

___ 3 yr old (3 days) = \$170/mo. or \$1530/yr

___ 4 yr old(4 days) = \$235/mo. or \$2115/yr

___ 4 yr old(5 days) = \$265/mo. or \$2385/yr

___ Kindergarten(5 days)= \$280/mo. or \$2520/yr

Enrolled student name: _____

Name of person responsible for tuition: _____

Address: _____ Zip Code _____ Phone _____

Email: _____

For the 2017-18 school year, I will pay my student's tuition by the payment plan checked below:

___ **Full tuition payment** due by August 10, 2017. (Please make check payable to St. Michael Catholic Preschool. For students enrolling after the August date, full tuition will be due before the 10th of the current month: _____)

___ **Nine monthly payments** through electronic debit only. The tuition will be made monthly by electronic debit each month. You will incur charges from St. Michael Catholic Preschool in the event of non-sufficient funds. Effective dates of bank drafts are listed in the "Office Use Only" box above.

Deduct monthly payments from my:

___ Checking Account
(PLEASE ATTACH A VOIDED CHECK.)

OR

___ Savings Account
(PLEASE ATTACH A SAVINGS DEPOSIT SLIP.)

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Bank Routing # _____ Account # _____

(First 9 digits on the bottom of your check or deposit slip.)

3 yr old (3 day)=\$170 4 yr old (4 day)=\$235 4 yr old (5 day)=\$265 5 yr old (5 day)=\$280

Amount deducted per month \$ _____

Your signature as parent/guardian or other responsible party indicates that you have read the above Tuition Agreement for St. Michael Catholic Preschool and that you agree to abide by this contract. You agree to authorize St. Michael Catholic Preschool to process debit entries to your account listed above. This authority will remain in effect as indicated above or until you give reasonable notification to the Preschool Director. (**Withdrawal Policy Agreement:** If you withdraw your child from the program for any reason, **you must give notice one month prior to withdrawal** or you are responsible for the balance of the year's tuition. Withdrawal Notice forms are available at preschool desk.)

Signature of Party Responsible for Tuition

_____ Date _____

Any disputes arising out of or relating to the Agreement, performance under this agreement, or the breach thereof, including all disputes of any nature relating to my child's enrollment and attendance at this school, and including but not limited to the threshold questions of arbitrability and the formation of this arbitration agreement, shall be finally resolved by binding arbitration administered by the American Arbitration Association under its rules, and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction. The arbitration shall be conducted in English language in the city of Mobile, Alabama, applying the laws of the State of Alabama. There shall be one arbitrator who shall be selected in accordance with the procedures of the American Arbitration Association. Each party shall pay one half of the cost of the arbitrator. In no event shall punitive damages be awardable by the arbitrator in favor of either party, unless specifically authorized by applicable statute. This provision is continuing in nature and shall remain in force throughout the entire period of my child's enrollment at this school. BY MY SIGNATURE BELOW, I AGREE TO SEND ANY AND ALL DISPUTES RELATING TO THIS AGREEMENT, TO BINDING ARBITRATION. I ALSO HEREBY WAIVE MY RIGHT TO A JURY TRIAL IF A DISPUTE ARISES IN ANY WAY RELATING TO THIS AGREEMENT. ~ Archdiocese of Mobile: Office of Catholic Schools