



ST. THOMAS THE APOSTLE CATHOLIC SCHOOL

Nascantur in Admirazione

"Let Them Be Born in Wonder."

Little Saints Preschool Enrollment Commitment 2020-2021 School Year

I enroll my child(ren) in St. Thomas Little Saints Preschool and agree to the following terms:

- Acceptance of new students is contingent on space availability and is probationary for six weeks.
- Enrollment is for the entire school year, September through June, as per the St. Thomas School calendar.
- St. Thomas Little Saints Preschool requires a non-refundable deposit of \$250.00 per new family and \$150.00 per returning family to be paid at the time of enrollment.
- Tuition payments are made through the FACTS system and parents will fulfil the payment schedule selected. See the attached FACTS payment information sheet for details.
- All previous school year financial obligations will be paid in full before the start of the school year.
- One-tenth of the yearly tuition is due in August by the date chosen for your plan with final payment due by that same date in May.
- All prior financial obligations to St. Thomas Little Saints Preschool and St. Thomas School.
- Continued participation on the preschool program is contingent on fulfillment of tuition payment. See the FACTS enrollment information sheet in regard to tuition assistance.
- Tuition will be pro-rated based on the number of quarters my child(ren) are enrolled, if withdrawn before completing the academic year.
- Students arriving before 7:45 AM or remaining after 3:15 PM will be supervised by the Extended School Program. Parents will pay for any incurred ESP services which are billed on a monthly basis at a rate listed in the Parent/Student Handbook.

I understand that by signing this contract I agree to accept the rules, policies and regulations of St. Thomas Little Saints Preschool. This contract is for the 2020-21 school year only and future enrollment will be based on renewal of this contract for subsequent years.

Please sign and return to school with your enrollment packet.

Signature of Parent/Guardian Printed Name Date

Signature of Additional Parent/Guardian Printed Name Date
(if shared financial responsibility)

For Office Use:

Cash _____ CK # _____ \$ Amount _____ Date Rcv'd: _____ Enrollment Form: Y/N