

Reverend Daniel F. Swift, Pastor



Mrs. Amy Rash, Principal

Pre-K Tuition Agreement for 2018-2019 School Year

Student's Name: _____ Parent(s) Name _____

Date of Birth _____ Parish ID/Family Code _____
(if you do not have one or do not know it, leave blank)

Program: **PreK 3** _____ Program: **PreK 4** _____

As a parent/guardian with my/our child/children enrolled in the St. Mary of the Lakes Pre-K program, I/we agree to the following:

1. Abide by all of the regulations in the SML School Parent Handbook.
2. Pay tuition by FACTS Tuition Management **or** by Full Payment at registration **or** by June 1, 2018.

Annual Tuition Rates. Registration Fee: \$200 per family Ck. No. _____ FACTS _____

_____ 3 Half Days Per Week - \$3053	_____ 3 Full Days Per Week - \$3525
_____ 5 Half Days Per Week - \$4710	_____ 5 Full Days Per Week - \$5612
Monday - Friday 8:20 AM - 11:15 AM	Monday - Friday 8:20 AM - 2:40 PM

(Please select days attending) _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

10% Discounted Sibling Tuition Rates. No Registration Fee *(only if family also has another child in grades PK-8 at SMLS)*

_____ 3 Half Days Per Week - \$2825	_____ 3 Full Days Per Week - \$3173
_____ 5 Half Days Per Week - \$4239	_____ 5 Full Days Per Week - \$5051
Monday - Friday 8:20 AM - 11:15 AM	Monday - Friday 8:20 AM - 2:40 PM

(Please select days attending) _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Method of payment: _____ FACTS or _____ Full Payment due at registration or by June 1, 2018

Late Fee for Full Payment not received by June 1, 2018 will be \$50 for every month thereafter.
I agree with the conditions and will comply with the terms of this contract.

Signature _____ Date _____