



St. Joseph Preschool Financial Agreement

We believe our shared Christian values of faith, hope and love have no boundaries. "We, the family of St. Joseph, are committed to educating God's children by promoting Catholic values through academic excellence and service to others."

I/we have read and agree with the above mission statement of St. Joseph Catholic School. I/we will, with God's help, partner with my/our child's teachers and administration of St. Joseph Catholic School in this educational process.

I/we agree to make payments of \$30 for a full school day or \$20 for half day. (Minimum of three half days required. Hot lunch and snacks included.)

_____ Weekly (Due on Monday the following week)

_____ Monthly (Due the 1st Monday of the Month)

Families who have additional child(ren) in St. Joseph's elementary school will receive a \$10 per day discount.

Payment can be made out to **St. Joseph Catholic School**.

Agreements

Individual(s) Responsible for Payment of Tuition

_____ () _____

Last Name First Name Address City State Phone Number

_____ () _____

Last Name First Name Address City State Phone Number

+During the admissions process, parents and student are expected to submit all documents and make known all information that would directly relate to a student's tenure at the school. Failure to disclose fully pertinent information may lead to denial of admission or require withdrawal if a student has already been admitted.

In registering my/our child for St. Joseph Catholic School, I/we agree to meet the financial and service commitments outlined. Further, I/we agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

Parent or Guardian Signature Date

Parent or Guardian Signature Date

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