

# Holy Family Catholic School



## Registration/Tuition Contract 2020 - 2021

Parent/Guardian Name (please print) \_\_\_\_\_

Party responsible for tuition, if different (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Student(s) Name(s):

Class:

\_\_\_\_\_  
\_\_\_\_\_

### Classes & Yearly Tuition Rates:

Honey Bee Class 3/4 Class	Honey Bee Class 3/4 Class	Busy Bee Class PreK 4	Buzzin' Bee Class PreK 5
8:30-11:30 ~T/Th*	8:30-11:30 M/W/F*	8:30-11:30 T-F*	8:30 am-3:00 pm
\$2,390	\$2,820	\$3,470	M-F
8:30-3:00 ~ M-F		8:30-3:00 T-F	\$5,750
\$5,750		\$4,550	

**\$250 due at time of Registration. \$100 Registration Fee/\$150 towards tuition ~ Non-Refundable**

**Establishing your FACTS account and payment of this fee will secure your child's position in our program**

**\*Lunch Bunch Program available to these classes** Program Hours: 11:30 am – 3:00 pm Daily Fee: \$21.00

\_\_\_\_\_ Will enroll with **FACTS Tuition Management Company\***- payments beginning in **July** for 10 months.  
Please sign up for **FACTS** on our website.

\_\_\_\_\_ Full tuition payment will be made by **July 24, 2020**.

**\*FACTS will charge a one-time fee of \$45 per family. To create an account, sign up on our website: [www.holyfamilydalecity.org](http://www.holyfamilydalecity.org).**

*In signing this Tuition Contract, we are making a conscious commitment to our child(ren)'s education and ensuring their enrollment for the upcoming school year. We agree as a condition of enrollment at Holy Family Catholic School to pay the tuition and fees shown above. We understand that the first month's tuition and all fees are non-refundable. We understand that these payments are due and payable in order for our child(ren) to remain in the school. We understand that if tuition is delinquent in excess of 60 days and an acceptable alternative arrangement has not been approved by the director and/or principal, our child(ren)'s continued enrollment in the school will be jeopardized.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### For Office Use Only:

Enrolled in FACTS \_\_\_\_\_ Paid In Full \_\_\_\_\_ Registration Fee \_\_\_\_\_