

Enrollment Agreement, St. Brigid PSR Program

Family Name: _____

Students Enrolled in PSR: _____

Individual responsible for tuition:

Name: _____ Relationship _____

Mailing Address: _____

Phone Number: _____

_____ # of children registering

Tuition Fee:

- \$50 for 1 child
- \$70 for 2 children
- \$90 for 3 or more children

\$ _____

\$ _____ Total Amount Due

☐ One-Time Payment: I/We agree to pay tuition and fees, in full

☐ Two-Time Payment: I/We agree to pay tuition and fees, in full, in two installments

All unpaid balances after enrollment will be billed quarterly.

Financial consideration will be given to those in need. A financial assistance application form is in Jansen Center.

Signature of Individual Responsible for Payment

Date

FOR OFFICE USE ONLY				
# of children registering		Date	Amt. Paid / Cash / Ck#	Balance
(Less payments upon registration)	payment 1			
Total Remaining Balance	payment 2			
Retain original agreement. Give copy to:			Date:	