

**2011 – 2012 Immaculate Conception School Fee Payment Plan and
Authorization Agreement for Preauthorized Payments**

Fees:

Pre-k & Kindergarten Milk: \$55.00 per student
 Book fee grades K – 8th 200.00 per student
 Technology fee grades Pre-K-8th \$50.00 per student

Kindergarten – 8th Grade Yearly Annual Tuition:

<u>Parishioners</u>	<u>Non-Parishioners</u>
1 student \$1,810.00	1 student \$3,212.00
2 students \$2,591.00	2 students \$4,763.00
3 or more \$3,135.00	3 or more \$5,819.00

Payment Options

Please choose one of the following payment options for your family. Payments will be made either the 15th or 30th of each month. ***If the 15th or 30th fall on the holiday or weekend, the deduction will be made the previous business day.***

_____ Annual payment due on or before August 15, 2011. Paid directly to Immaculate Conception School.

_____ Semi-annual payment through an **electronic bank debit** with the first half due on or before, August 15, 2011 and the second half due on January 13th or 30st 2012. ***(Please circle a date)***

_____ Twelve monthly payments due on the 15th or 30th of each month made through an **electronic bank debit** with the first payment due in August 2011 and the final payment due in July 2012. ***(Please circle a date).***

Balance of Book & Technology Fee

Parents are required to pay the balance of their book and technology fees on or before August 12th. Parents who fail to take care of this responsibility will **automatically** have the remaining balance of the book and technology fees deducted from their electronic debit bank account on August 19th, the first day of school. Parents are responsible to have the necessary funds available in their accounts.

Registration is not complete without your initials on this line item below:

_____ ***I understand that remaining book and technology fees will be automatically deducted from my electronic debit account if I do not pay the balance by 3:00 p.m. August 12, 2011.***

I agree to pay my balance according to the plan indicated above. I further understand as a member of the parish receiving parishioner rate that I am responsible to use church support envelopes at least three Sundays a month.

I (we) hereby authorize **Immaculate Conception School**, to initiate debit entries to my (our) Checking/Savings Account indicated below and the depository named below, to debit the same to such account.

Family Name (Please print) _____ Adult(s) Responsible for Payment _____ Home Phone Number _____

Address _____ Cell or Alternate Number _____

Signature(s) of Parent/Guardian _____ Date _____

Depository (Bank) Name _____

City _____ State _____ Zip _____

Transit /Routing Number _____

Checking Account Number _____

Please provide one of your VOIDED checks to attach to this document to ensure proper routing of transaction. Thank you.

(OVER)

Immaculate Conception School Intent to Register Form

The following students are being registered for school year 2011-2012:

Students' Names:	Grades	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents' Name _____

Address _____

Preferred Phone # _____

Registration is not complete without the following information:

Roman Catholic Parish affiliation: _____

Name

City

Are you registered at the church? _____yes _____no

Do you receive parish contribution envelopes? _____yes _____no

Signed: _____ Date: _____