St. Vincent de Paul School
152 Pinewood Ave. - Seward, NE 68434

Enrollment Form for 2021-2022 School Year

Please fill out this enrollment form for your child(ren) who will be attending St. Vincent de Paul School in the fall of 2021. Please return to the school office by **Monday, March 31st, 2021.**

Student Name(s) and Grade

_____$2150.00 - $400.00 = $1750.00 _____

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_____Total $_____

Diocesan Tech Fee: # of K-4 Students ___ x $200.00 =_____due March 31st, 2021

Diocesan Technology Fee: $200.00 per child due **March 31st, 2021**

Your Diocesan Technology Fee of $200, pays for part of the 2021-2022 Diocesan Technology Fee ($330) and St Vincent's is paying the remaining $130.

Tuition: $2,150.00 for Each Student; Maximum charge, <u>three</u> students of same household

Payment Plan: ___One time: Full amount due August 5th, 2021
___Two time: ½ amount due August 5th, 2021 & ½ January 5th, 2022
___10 Monthly Debited the 5th of August 2021 – May 2022
___20 Bi-Monthly Debited the 5th and 20th of August 2021 – May 2022

I, _____ dated_____ agree to pay tuition based on the selection above.

Statements: Tuition is billed in full on July 1st for the current school year and is due the fifth of August. Fees will be recorded in the July bill. Payments are to be sent to SVDP church office attention to Tausha Dybdal. If tuition cannot be paid in full by the first day of school, monthly or bi-monthly payments will be debited by enrolling in the e-tuition plan found on the back. Monthly statements will be sent home or emailed.

Parent/Guardian Name_____

Mailing Address_____

City_____State_____Zip Code_____

Primary Email_____

Home Phone_____ Cell Phone Father_____
Mother_____

Catholic Parishioner of: _____Town_____

2021-2022 St. Vincent de Paul School E-Tuition Enrollment Form

Family Name_____

_____ **MONTHLY School Tuition Payment** $_____

Withdrawal will be made on the 5th of each month beginning August 5, 2021, and ending May 5, 2022.

_____ **BI-Monthly School Tuition Payment** $_____

Withdrawals will be made on the 5th and 20th of each month beginning August 5, 2021 and ending May 20th, 2022.

_____ **MONTHLY PRESCHOOL TUITION Payment** $_____

Withdrawal will be made on the 5th of each month beginning August 5, 2021, and ending May 5, 2022.
Preschool Tuition is $100/month for T/TH Class, $125/month for M/W/F Class and $145/month for M-F Class.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED (ACH) PAYMENTS

I (we) authorize St. Vincent de Paul School & Church to initiate debit entries to my (our) ___checking___savings account (select one) indicated below and the depository financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Checking or Savings Account Transfers

Name of Bank _____

Name on Account _____

9-digit Bank Routing # __ __ __ __ __ __ __ __ __   Bank Account # _____

PLEASE ATTACH A VOIDED CHECK

DISCLOSURES

This authority is to remain in full force and effect until St. Vincent de Paul School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Vincent de Paul School and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by St. Vincent de Paul School & Church prior to receipt of notice of termination.

I (we) further authorize St. Vincent de Paul School & Church to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the Depository to accept and to credit or debit the amount of such entries to my (our) account.

I (we) have the right to stop payment of any entry by notification to Depository prior to the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:

X _____ X _____ Dated_____
Signature(s) of Account holder(s)