

**ST. VINCENT de PAUL SCHOOL
PRE-SCHOOL ENROLLMENT 2023-2024**

Preschool Enrollment for 2023-2024

Preschool classes are filled on a first come, first served basis. Capacity for 3-4 yr.-old children is 10; 4-5yr.-old children is 12 (per section). The dates listed for each group is when priority enrollment for that group ends; you can still enroll after that date, but will not be guaranteed a spot. Please return form with a \$40 enrollment fee.

1. Jan. 23 - 30 – Current 3-4 yr. old Preschool Students of St Vincent’s and or Potential Preschoolers who have siblings enrolled at St Vincent de Paul School
2. Jan 31 – Feb 6 – Preschool Children of St. Vincent de Paul Parish Families
3. Feb 7 – Enrollment is open to the Public

Enrollment Requirements

1. *Admission Form (*new students only*) – see attached
2. *\$40 non-refundable registration fee
3. Your child's **original** Birth Certificate -We will make a copy. (*new students only*)
4. Immunization Records (*new students only*)
*Needed to reserve your child’s spot.

Payment:

Payments are due the 5th of each month – August through May. Tuition payments are collected through St Vincent’s automatic debit program from checking or saving accounts. Payment options are one time a month on the 5th or two times a month on the 5th and the 20th. Please complete the E-tuition enrollment form found on back and return it with your registration.

Class Preference

Please check one.

- ____ 3-4 year olds: 2 mornings per week (T,TH 8:00-11:00 am) \$115/monthly
(Need to be 3 by July 31st and potty trained)
- ____ 4-5 year olds: 3 mornings per week (M,W,F 8:00-11:00 am) \$145/monthly
(Need to be 4 by July 31st)
- ____ 4-5 year olds: 5 mornings per week (M - F 8:00-11:00 am) \$195/monthly
(Need to be 4 by July 31st)
- ____ 4-5 year olds: 5 days all day (M-F 8:00-3:25 pm) \$450/monthly (Must be 4 by July 31st)

Please check box for interest in Extended Day Care for those 4yrs and up from 3:30-5:45pm.

Please check box for interest in transportation for preschool, we will contact you.

Child's Name _____ **Catholic** ___ **Non Catholic**

Parent(s)/Guardian(s) _____

Address _____

City _____ **Zip Code** _____

Email _____

Phone _____

Parent/Guardian Signature and Date

OFFICE USE ONLY: Date Received: _____ Amount received _____ Cash/Check # _____

Birth Certificate _____ Immunization records _____ E-Tuition Form _____ 01/20/2023

2023-2024 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, 2023, and ending May 5, 2024.

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

Withdrawals will be made on the 5th and 20th of each month beginning August 5, 2023 and ending May 20th, 2024.

_____ **MONTHLY PRESCHOOL TUITION Payment \$** _____

Withdrawal will be made on the 5th of each month beginning August 5, 2023, and ending May 5, 2024.

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)