

**Holy Trinity Pre - School  
2011/2012 Financial Agreement**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Family Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Does child reside with both parents?      Yes      No

Catholic              Non-Catholic              (please circle one)

**Please check the appropriate program**

Two-day program

am                      \$800

Three-day program

am                      \$1,070

Five-day program

am                      \$1,400

**A \$40 non-refundable registration fee is due with this form.**

Payment Options:

- Full Payment before school starts. (July 8, 2011)
- Semiannually, 1/2 due July 8, 2011 and balance by December 9, 2011
- 10 Monthly Payments through FACTS Tuition Program starting in July (5th or 20th).

**If full payment or semi-annual payment is not made by due date, then payment will have to be made through FACTS Tuition Program.**

I/We agree to the terms of this financial agreement.

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Office Signature                      Date

All required paperwork is in.