

2017-2018 TUITION CONTRACT
PRE-K THROUGH GRADE 8
IMMACULATE CONCEPTION SCHOOL

Grades PK – 8: \$100.00 Non-Refundable Registration Fee Per Child Due at Registration

Fee can be reduced to:

\$75.00 if all registration paperwork is completed and returned by the deadline of March 31, 2017, AND the automatic bank method of payment is chosen or tuition is paid in full at registration

Additional Fees Due with 1st Invoice

PK Snack Fee - \$80.00 (PK students) - \$40.00 on 1st invoice and \$40.00 billed in January 2018

Technology Fee - \$75.00 (All students)

Science Fee - \$10.00 (K-8 students)

All families must enroll with Immaculate Conception School’s payment plan provider, Tuition Aid Data Services (TADS). Once your registration is received at the school, you will receive either an email or letter from TADS with instructions on how to enroll on-line. A link will also be made available on the ICS website. Please watch for this.

Email Address for Billing Purposes: _____
(If no email is supplied, the TADS processing fee for quarterly or monthly billings will be \$63 rather than \$45)

Please choose one of the options below for your preferred payment plan:

_____ **Payment in Full (Please indicate a due date)**
Full payment due on July 5th _____ or 20th _____ No TADS fee

_____ **Semi-Annual Payments (Please indicate a due date)**
Payments due on July 5th _____ or 20th _____ and January 5th _____ or 20th _____ No TADS fee

_____ **Quarterly Payments (Please indicate a due date)**
Payments due on July 5th _____ or 20th _____, October 5th _____ or 20th _____, January 5th _____ or 20th _____, and April 5th _____ or 20th _____
\$45.00 TADS processing fee (**Paper billing instead of email notification is an additional \$18.00**)

_____ **Monthly Payments (Please indicate a due date)**
Payments due each month on either the 5th _____ or 20th _____ with payment in full completed by June 30, 2017
\$45.00 TADS fee (**Paper billing instead of email notification is an additional \$18.00**)

Please choose one of the options below for your payment method:

_____ Automatic Bank Payment (attach voided check)
_____ Checking account _____ Savings account
Routing # _____ Account # _____

_____ Paper Statements (sent to the address listed on the reverse side of this form)

_____ Automatic credit card payment (Please note there is 3% finance charge) *Does not accept Visa
_____ American Express _____ Discover _____ Mastercard
Card # _____ Exp. Date _____

We have read and understand the attached Immaculate Conception School Tuition Policy and this Tuition Contract. We agree to pay the tuition costs designated for the number of children we are registering for the 2017-18 school year at ICS.

Responsible Party Signature _____
Date _____

Responsible Party Signature _____
Date _____

Tuition Costs 2017-18

<u>Kindergarten – 8th Grade</u>	<u>Number of students</u>	<u>Tuition Per Year</u>
	1	\$3,725.00
	2	\$7,000.00
	3	\$10,275.00
	4	\$10,275.00

<u>Pre-school</u>	<u>Session</u>	<u>Tuition Per Student Per Year</u>
Option 1	M-F Half Day: 8 a.m. – 11 a.m.	\$2,350.00
Option 2	Tue, Wed, Thurs Full Day: 8 a.m. – 3 p.m.	\$3,000.00
Option 3	M-F Full Day: 8 a.m. – 3 p.m.	\$4,500.00

Family Information (Please print)

Name: (Father/Legal Guardian) _____

Address: _____

City/State/Zip: _____

Email: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Name: (Mother/Legal Guardian) _____

Address: _____

City/State/Zip: _____

Email: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Children Enrolling ICS 2017-18

Name: _____ **Grade:** _____ **Cost:** _____
Last First

Name: _____ **Grade:** _____ **Cost:** _____
Last First

Name: _____ **Grade:** _____ **Cost:** _____
Last First

Name: _____ **Grade:** _____ **Cost:** _____
Last First

2017-18 TOTAL COST OF TUITION: _____