

Holy Infant Parish School of Religion Financial Agreement

The stability of our PSR and the quality of its programs are of the utmost importance. One of our primary goals at Holy Infant is to concentrate our efforts on improving the **business side** of our PSR program. Program fees will be handled by our parish office allowing us to design a billing program for each family.

Registration is not complete without a signed Financial Agreement form. Please choose a payment option below. Sign, date, and return with payment at time of registration.

A \$100/family non-refun	dable down pay	ment is due at the time	e of registration
Annual Family Tuition	1 Child	2 Children	3 or More Children
Parishioner	\$265	\$388	\$484
Non-Parishioner	\$355	\$568	\$754
Payment Options-Parishi	oners by <u>Check.</u>	Cash or *Credit Card in	n the PSR Office in person by
	-		yment options accordingly)
1 Annual Payment			
Due at time of Registratio	n \$265	\$388	\$484
3 Monthly Payments Au	ıtomatic Debit fr	om Checking or Saving	S
After payment of \$100 no	n-refundable do	wn payment due at reg	gistration
Sept. 2024 through Nov. 2	2024 \$ 55	\$ 96	\$128
A4 11 F-:44 F 4:	.f /0ml /4h\ .h4	00	
At Home Faith Formation Private school fee (8th) \$.20	
• • •		20. 2024, any balance	romaining will incur a #25
=		•	remaining will incur a \$25
late charge unless prior ar In registering my child (re	•		
pay the above rates for th			
understand that no repor		,	
understand that no repor	t cards will be giv	ven. 1 (we) chose the n	ollowing payment option.
One Annual Pay	ment – Due at ti	me of registration- <u>Che</u>	ck, Cash or Credit Card
Three (3) Month	nly Payments to	be debited on the 15th	of each month Sept. 2024
			n full)***** (Completed
debit authoriza	tion attached) *	***	
Extenuating circ	umstances that	require different paym	ents arrangements. A \$50
			ch family must contact Mary
•		_	ballwin.org and include
			nts. ****Financial Assistance
•		the PSR and Parish Off	
· '			

Family Last Name	Father's First Name	Mother's F	irst Name
Address	City	State	Zip
Home Phone Number:			
Father Cell Phone Numbe	er:		
Mother Cell Phone Numb	er:		
Parent Responsible for Tu	iition Payments:		
Email Address (required):	·		

Full name of student(s):	Grade (August 2024)	
	·	

Signature:	Date:
Signature:	Date:

<u>Please return this form and \$100 non-refundable down payment (or payment in full) to the PSR Office no later than June 30, 2024.</u>

\$25 Change fee charged to change sessions after initial registration.