

**Saint Ambrose Littlest Angels Preschool  
Tuition Payment Options Agreement  
2018-2019**

This document authorizes St. Ambrose Littlest Angels Preschool, Brunswick, Ohio to initiate debit/credit/adjustment entries as necessary from/to my account Checking \_\_\_\_\_ or Savings \_\_\_\_\_ as indicated to the financial institution named below for the purpose of tuition payment.

<b>Please Print</b>	<b>Personal Information</b>
<b>Last Name, First Name</b>	
<b>Signature</b>	
<b>Address</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>E-mail Address</b>	
<b>Student Names</b>	

	<b>Financial Institution Information</b>
<b>Bank Name</b>	
<b>Address</b>	

<b>Bank Routing #</b>	
-----------------------	--

<b>Account Number</b>	
-----------------------	--

**Saint Ambrose Littlest Angels Preschool  
Tuition Payment Options Agreement  
2018-2019**

Parent/Guardian: \_\_\_\_\_

Student: \_\_\_\_\_ Class: \_\_\_\_\_

<b>Preschool Monthly Tuition</b>		
	<b>Tuition</b>	<b>*Tuition w/Parish Support</b>
3 Year Old (2 days)	\$153	\$127
4 Year Old (3 days)	\$190	\$153
Pre K (5 days/AM)	\$274	\$227
Pre K PM Enrichment (5 days)	\$266	\$220
Pre K PM Enrichment (4 days)	\$250	\$204
Pre K PM Enrichment (3 days)	\$235	\$189
Pre K PM Enrichment (2 days)	\$225	\$179
Pre K PM Enrichment (1 day)	\$164	\$118

Current Parish: \_\_\_\_\_ If St. Ambrose, Parish Envelope No.: \_\_\_\_\_

*\*In order to be eligible to receive the tuition rate with parish support, the family must be a registered parishioner, involved in the parish, attending mass, and supporting the parish through ACH Sunday collection giving.*

Select One	ACH Tuition Payment Terms	Payment Amount	Total Tuition Amount
	<b>Full Payment</b> <i>Pay in full by check to                      St. Ambrose School by May 30, 2018</i>		
	<b>9 Equal Payments debited the 5th of each month</b> September, 2018 through May, 2019 <i>Please complete the back side.</i>		

*You may only use this payment option one time in a school year. If the ACH Tuition program is stopped for any reason, you will be required to make payment in full to the preschool by the first of the month following termination of the ACH Tuition program.*

**REQUIRED:** Please **attach to this form a VOIDED check** (deposit ticket is not acceptable) if selecting a Checking Debit. When selecting a Savings Debit please attach a pre-printed savings deposit ticket.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Preschool Use:</b>	
Date Verified: _____	By: _____
<b><u>For Business Office Use:</u></b>	
Date Entered: _____	By: _____