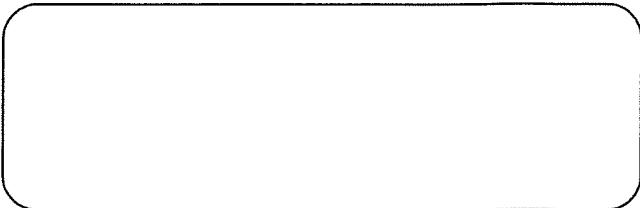


St. Joseph School  
 320 West Stephen Foster Ave  
 Bardstown, KY 40004  
 502-348-5994  
 www.stjoeelem.org



**2018-2019 PRESCHOOL PAYMENT AGREEMENT – FULL DAY**  
 (Includes Supply Fee)

- 3 Year Old Program
- 4 Year Old Program

# of Children <i>(check one)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 1-SJS Sibling	<input type="checkbox"/> 2
Monthly July - June	\$405	\$365	\$710
Monthly Aug - May	\$486	\$438	\$852
Semi-Annual	\$2,428	\$2,190	\$4,260
Annual	\$4,855	\$4,380	\$8,520

Please select payment frequency for the 2018-2019 school year *(check one)*:

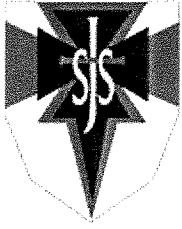
- Annual Payment** – due July 24, 2018
- Semi-Annual Payments** – due August 1, 2018 and January 21, 2019
- 10 Monthly Payments** – Automatic Withdraw August 2018 through May 2019
- 12 Monthly Payments** – Automatic Withdraw July 2018 through June 2019

\_\_\_\_\_  
 Responsible Party Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Responsible Party Email

\_\_\_\_\_  
 Phone Number



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## 2018-2019 PRESCHOOL AUTOMATIC PAYMENT AGREEMENT AUTHORIZATION FULL DAY PROGRAM

- Bank account information is the same as last year's.

Please complete and attach a voided check or savings deposit slip for verification of financial institution information:

- Checking Account  
 Savings Account

Financial Institution Name	
Routing Number	
Account Number	

- 10 Monthly Payments** – Automatic Withdraw August through May  
 Please choose one of the following date options:
- Beginning August 5 and ending May 5
  - Beginning August 20 and ending May 20
- 12 Monthly Payments** – Automatic Withdraw July through June  
 Please choose one of the following date options:
- Beginning July 5 and ending June 5
  - Beginning July 20 and ending June 20

### PAYMENT SCHEDULE

# of Children (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 1-SJS Sibling	<input type="checkbox"/> 2
Monthly July - June	\$405	\$365	\$710
Monthly Aug - May	\$486	\$438	\$852

By completing this form, I authorize St. Joseph Parish School to initiate entries to my account as indicated above and the Financial Institution named to debit the same to such account. This authority is to remain in force until St. Joseph Parish has received notification from me of withdrawal in such time and in such manner as to afford St. Joseph Parish School a reasonable opportunity to act on it.

\_\_\_\_\_  
 Responsible Party Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Responsible Party Email

\_\_\_\_\_  
 Phone Number