



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



2019-2020 PRESCHOOL PAYMENT AGREEMENT – HALF DAY
 (Includes Supply Fee)

- 3 Year Old Program
- 4 Year Old Program

# of Children (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 1-SJS Sibling	<input type="checkbox"/> 2
Monthly July - June	\$228	\$206	\$400
Monthly Aug - May	\$274	\$247	\$481
Semi-Annual	\$1,370	\$1,235	\$2,405
Annual	\$2,735	\$2,470	\$4,805

Please select payment frequency for the 2019-2020 school year (check one):

- Annual Payment** – due July 23, 2019
- Semi-Annual Payments** – due August 1, 2019 and January 20, 2020
- 10 Monthly Payments** – Automatic Withdraw August 2019 through May 2020
Complete banking information on reverse side.
- 12 Monthly Payments** – Automatic Withdraw July 2019 through June 2020
Complete banking information on reverse side.

 Responsible Party Signature

 Date

 Responsible Party Email

 Phone Number



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

2019-2020 PRESCHOOL AUTOMATIC PAYMENT AGREEMENT AUTHORIZATION HALF DAY PROGRAM

- Bank account information is the same as last years.

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	\$228	\$206	\$400
Monthly Aug - May	\$274	\$247	\$481

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