

**ST. MARGARET OF YORK**

**TUITION PAYMENT INTENTION FORM**

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Student Name (Check Session)	Summer PRP I (Grades 1-8)	Summer PRP II (Grade 1-8)	Sunday PRP (ages 3 years-8 <sup>th</sup> Gd.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- I (we) have read and understand the tuition information included in this packet.
- Tuition bill will be mailed when registration has been received. Credit card payment is an option and this option will be included with the tuition bill.
- Summer PRP payment is expected *before* the beginning of the summer program.
- Tuition arrangements have been made with the religious education office.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_