



**Tuition 2022-2023**

**form to be returned by May 25, 2022 to acknowledge intent**

**FAMILY NAME:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

Please **choose one** of the following payment plans:

\_\_\_\_\_ **Plan 1:** Full payment of tuition directly to the school by **July 22, 2022**

\_\_\_\_\_ **Plan 2:** Automatic Draft Plan- ten monthly payments as selected below

Tuition	Parishioner		Non-Catholic / Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
One Student	\$ 515.00	5,150.00	\$ 657.00	6,570.00
Two Students	\$ 881.00	8,810.00	\$ 1,126.00	11,260.00
Three or more Students	\$ 1,085.00	10,850.00	\$ 1,595.00	15,950.00

K4 Tuition	Parishioner		Non-Catholic / Non-Parishioner	
	Monthly	Full Payment	Monthly	Full Payment
K4 Student – full day without lunch	\$ 581.00	5,810.00	\$ 612.00	6,120.00
K4 Student – full day with lunch	\$ 621.00	6,210.00	\$ 652.00	6,520.00
K4 Student – ½ day, MWF without lunch	\$ 220.00	2,190.00	\$ 250.00	2,450.00
K4 Student – ½ day, MWF with lunch	\$ 260.00	2,590.00	\$ 290.00	2,850.00

I (we) hereby authorize St. John the Baptist Catholic School to initiate debit entries to my (our) account indicated below and the depository named below to debit the account for \$ \_\_\_\_\_ (amount) on a monthly basis. I understand this debit will occur for ten (10) consecutive months on  
 (select one) \_\_\_\_\_ 25<sup>th</sup> of the previous (July 2022 - April 2023)  
 \_\_\_\_\_ 1<sup>st</sup> of each month (August 2022 – May 2023)

The account to be used is a (select one) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account

I would like to use the bank account currently on file ending \_\_\_\_\_ (last 4 of account number)

I do not have an account on file or would like to change it to the account listed below.  
 I am enclosing a voided check for verification purposes:

BANK \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

This authority is to remain in full force and effect until St. John the Baptist Catholic School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. John the Baptist Catholic School a reasonable opportunity to act on it. My electronic communication will have the same authority as written communication.

**\*\*DATE** \_\_\_\_\_

**\*\*NAME(S) OF STUDENT(S)** \_\_\_\_\_

**\*\*PARENT NAME(S)** \_\_\_\_\_

**\*\*SIGNATURE OF ACCOUNT OWNER** \_\_\_\_\_

**\*\*SPOUSE SIGNATURE (if necessary)** \_\_\_\_\_

\*\*Required information