



MATER DEI CATHOLIC SCHOOL

934 SW Clay Street; Topeka, Kansas 66606

Phone: 785 233-1727

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NON-CATHOLIC TUITION AND FEE PAYMENTS

NO FAMILY WILL BE DECLINED BASED ON INABILITY TO PAY. FAMILIES WHO WILL ANTICIPATE DIFFICULTIES WITH PAYMENTS MUST COMPLETE THE CEF SCHOLARSHIP APPLICATION.

COMPLETE ALL INFORMATION REQUESTED ON THIS FORM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Catholic: _____ Non-Catholic: _____

If Catholic—give name of parish you financially support: _____

CHILDREN ENROLLING AT MATER DEI CATHOLIC SCHOOL:

STUDENT: _____ GRADE: _____

STUDENT: _____ GRADE: _____

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◆ Cost per pupil for the 2010-2011 school year is **\$4,750.00** X Number of children _____ = Total Cost _____

◆ **Fees:** \$1,150.00 per child (Maximum is \$2,300.00 per family). My family's cost is: \$ _____

Step 1: The following is mandatory: Pre-enrollment fee of \$50.00 (non-refundable). I understand that this fee will be applied to the 2010-2011 fees.

Step 2: Completion of fee payment:

___ We will pay the full amount to the school before Thursday, August 5, 2010. Summer payments may be mailed or dropped off at the school office. If you opt to stop by please call first.

___ We will be using the Capital City Bank payment plan for the rest of the payment. We will visit with them at final registration on Thursday, August 5, 2010.

___ We have completed the cef Scholarship Application form (in this packet)

Non-Parish/Non-Catholic Tuition is: \$4,750.00 per child minus the \$1,150.00 fee or \$3,600.00 per student.

My family's cost would be: Number of children _____ x \$3,600.00 = _____

Of the above tuition amount my/our family is able to pay \$ _____.

___ I/We are submitting a completed cef Scholarship request.

___ I/We will begin payments:

___ Immediately

___ beginning July 1, 2010

___ I/We plan to make the following installments:

___ 12 monthly

___ 52 weekly

___ quarterly (4 payments): Dates of installments: _____

___ semi-annual installments (2 payments): Dates of installments: _____

___ annual installment (1payment). Must be made by August 8, 2010.

Date of my installment will be: _____

___ automatic bank debit (complete form on back)

Parent/Guardian

Date

Parish Representative

Automatic Payment from Checking/Savings Option

____ Please continue with my/our current automatic payment.

____ Please **increase** the amount as noted below: ____ beginning July 1, 2010 ____ immediately.

I/We wish to start authorized payments and hereby authorize Mater Dei to establish automatic payment as noted below.

____ 12 monthly installments of \$_____.

____ 52 weekly installments of \$_____.

Day of the month debit is made: ____ 1st Tuesday ____ 2nd Tuesday ____ 3rd Tuesday ____ 4th Tuesday

**If starting automatic payment for the first time, please attach
a voided check (for checking) or deposit slip (for savings)!**

Signature(s) _____

Date _____

This authorization is to remain in full force and effect until Mater Dei Parish has received written notification of a change or termination by the parishioner.