



Sacred Heart Catholic School

540 N. 31st St. – Lincoln, NE 68503 – (402) 476-1783

2018-2019 PRESCHOOL Tuition Schedule and Agreement

Revised 3-12-2018

Family Last Name: _____ Phone number: _____

Address: _____ Zip code: _____

Children's name/s: _____

Session Fees

Fees are per student:

FULL-TIME – Monday – Friday – 7:55 a.m. – 3:20 p.m. \$375 per month

PART-TIME AM – Monday – Friday – 7:55 a.m. – 11:00 a.m. \$225 per month

PART-TIME 3DAY – Monday, Wednesday, Friday – 7:55 a.m. – 3:20 p.m. \$225 per month

Payment Plan Options – Select ONE

_____ Plan 1 – Annual – Full amount paid by August 15

_____ Plan 2 – Two Payments – ½ paid by August 15 and January 15

_____ Plan 3 – Quarterly – ¼ paid by August 15, October 15, January 15, and March 15

_____ Plan 4 – Monthly – Monthly fee paid by the 5th of each month

A statement with your account balance will be sent at the beginning of each month. Payments may be mailed to the school office or dropped off during school hours.

I agree to pay the designated tuition in full accordance with the option selected above.

Parent/Guardian Signature: _____ Date: _____

For office use only

Date: _____ Amount: _____ Check #: _____ Date: _____ Amount: _____ Check #: _____

Date: _____ Amount: _____ Check #: _____ Date: _____ Amount: _____ Check #: _____

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