

CONFIDENTIAL

Saint Jude Religious Education

Payment Plan Request/Tuition Assistance Request 2018 – 2019

This form must be submitted to the Religious Education Office, **with a Registration Form**, no later than August 1, 2018.

Name of parent/guardian requesting assistance: _____

Address: _____

Email: _____

Phone Number: _____

Child(ren) being enrolled in Religious Education:

First and Last Name

Grade 2018/2019

Tuition Payment Plan Request:

I, _____, authorize Saint Jude Parish to charge my credit card, as indicated below, for 2018/2019 Religious Education tuition.

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it, in writing, at least 15 days prior to the next billing date. I also agree to notify Saint Jude Parish, in writing, of any changes in my account information at least 15 days prior to the next billing date. I agree that no prior notification will be provided unless the date or amount changes, in which case Saint Jude Parish will send notice at least 10 days prior to the next billing date. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company so long as the transactions correspond to the terms indicated in this authorization form.

Credit Card Information

Two equal installments of \$ _____. First payment at registration and second payment on 1/8/19.

Circle one: Visa MasterCard Amex Discover

Name of Cardholder: _____

Account Number: _____

Exp. Date: Month _____ Year _____ Security Code: _____

Billing Address _____

Tuition Assistance/Reduction Request:

Total amount of tuition I am able to pay for the 2018/2019 school year: \$ _____

Please explain the reason(s) you are requesting tuition assistance:

Parent/guardian signature: _____ Date _____

Our program relies on the generosity of many volunteers.

I will volunteer to be a (circle): Catechist, Catechist Assistant, Hall Monitor, or Door Monitor

Days available to volunteer (circle): Tuesday Wednesday Thursday

Thank you. If further information is necessary, we will contact you.

FOR OFFICE USE ONLY

Director of Religious Education Approval: Yes No

Director of Religious Education Signature: _____ Date: _____

Director of Religious Education Comments:

Saint Jude Pastor Approval: Yes No

Saint Jude Pastor Signature: _____ Date: _____

Saint Jude Pastor Comments:

Date decision communicated to family by Director of Religious Education: _____

Communicated by: Phone Email Letter