

**QUEEN OF HEAVEN SCHOOL  
TUITION 2009-2010**

	<b><u>PLAN 1</u> PAID IN FULL BY AUGUST 15</b>	<b><u>PLAN 2</u> 1<sup>ST</sup> PAYMENT DUE BY AUGUST 15<sup>TH</sup></b>	
		<b>TOTAL</b>	<b>PER MONTH</b>
<b>K-8</b>			
<b>1 CHILD</b>	\$1920	\$1945	\$194.50
<b>2 CHILDREN</b>	\$3340	\$3390	\$339.00
<b>3 CHILDREN</b>	\$4640	\$4695	\$469.50
<b>NON PARISHIONER</b>	\$3410	\$3450	\$345.00
<b>TRANSITIONAL (PER CHILD)</b>	\$1490	\$1510	\$151.00
<b>PRESCHOOL (PER CHILD)</b>	\$1240	\$1260	\$126.00

Please make all checks or money orders payable to Queen of Heaven Parish.  
**\*\*\*\*NO POST DATED CHECKS OR CASH WILL BE ACCEPTED\*\*\*\***

\*All payments should be received at the Rectory Office (4220 Seneca St) before the 15<sup>th</sup> of each month.

\*Late payments and checks due to insufficient funds will be assessed a \$20 late fee.

\*To ensure proper credit to your account please:  
 Enclose your payment coupon (with your tuition ID #).  
 Indicate your tuition ID# if using a bill paying service.

*Thank you for your cooperation, it is most appreciated.*

**QUEEN OF HEAVEN SCHOOL**

Family Commitment/Tuition Plan/  
ACH Form

OFFICE USE ONLY: FAMILY ID# \_\_\_\_\_

LAST NAME: \_\_\_\_\_

TUITION \_\_\_\_\_

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

DATE REG. FEE PAID \_\_\_\_\_

**REGISTRATION FEE: \$55.00 (NON REFUNDABLE PER CHILD. PLEASE ENCLOSE PAYMENT WITH THE FORMS AND RETURN THEM TO THE SCHOOL OFFICE. PLEASE MAKE CHECKS PAYABLE TO QUEEN OF HEAVEN SCHOOL. THANK YOU.**

**EACH FAMILY MUST BE WILLING TO:**

**-VOLUNTEER 10 HOURS PER YEAR AS FOLLOWS:**

- \* WORK 5 HOURS (OR 1 SHIFT) AT THE CARNIVAL**
- \* WORK 5 HOURS AT A HSG FUNDRAISING FUNCTION**

**-EACH FAMILY MUST SELL 2 THANKSGIVING SWEEPSTAKES TICKETS; FAMILIES NOT SELLING 2 TICKETS WILL BE BILLED ON YOUR TUITION ACCOUNT.**

\_\_\_\_ I AGREE TO THE ABOVE FAMILY REQUIREMENTS

\_\_\_\_ I DO NOT WISH TO WORK ON TRIP OR THE CARNIVAL/HSG FUNCTIONS, SO I WILL PAY AN ADDITIONAL \$300.00 TOWARD THE TUITION DEFICIT THIS YEAR. I WILL STILL BE RESPONSIBLE TO BUY/SELL 2 SWEEPSTAKES TICKETS.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE SELECT TUITION PAYMENT PLAN PREFERRED.**

( ) PLAN 1 - PAYMENT IN FULL BY AUGUST 15TH

\_\_ I wish to have payments automatically withdrawn from my account. See attached form.

( ) PLAN 2 - MONTHLY PAYMENTS DUE THE 15<sup>TH</sup> OF EACH MONTH AUGUST-MAY

**IF PLAN 2 IS CHOSEN, PAYMENT COUPONS WILL BE SENT TO YOU OVER THE SUMMER. A \$20.00 LATE FEE WILL BE ADDED TO YOUR TUITION ACCOUNT FOR PAYMENTS RECEIVED AFTER THE DUE DATE. REPORT CARDS ARE NOT RELEASED WHERE TUITION IS DELINQUENT.**



**Queen of Heaven Parish**

4220 Seneca Street West Seneca, New York 14224

Tel:(716) 674-3468

Fax: (716) 674-3475

[www.queenofheaven.ws](http://www.queenofheaven.ws)

---

I authorize Queen of Heaven to automatically debit my account as listed below, for tuition for the 2009-10 school year. Monthly payments are made from August 2009 through May 2010. **Please include a voided check if using a checking account or deposit ticket for a savings account.**

NAME OF BANK \_\_\_\_\_

NAME ON ACCOUNT \_\_\_\_\_

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

TYPE OF ACCOUNT - CHECKING \_\_\_\_\_ SAVING \_\_\_\_\_

BANK TRANSIT/ROUTING NUMBER \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

Authorizing Signature (Name on Account) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

A reprocessing fee of \$5 will be added if your payment is returned for insufficient funds.