

**St. Patrick Catholic Elementary & Jr. High School**  
**2018-2019**

FAMILY NAME: \_\_\_\_\_

We would like to participate in the Quarterly or Bi-Annual payment plan. Please enroll our family in in the following plan:

\_\_\_\_\_ Quarterly Payments:

August 24, 2018                      Amt. Due: \_\_\_\_\_

November 9, 2018                      Amt. Due: \_\_\_\_\_

February 8, 2019                      Amt. Due: \_\_\_\_\_

May 10, 2019                      Amt. Due: \_\_\_\_\_

\_\_\_\_\_ Bi-Annual Payments:

August 24, 2018                      Amt. Due: \_\_\_\_\_

February 8, 2019                      Amt. Due: \_\_\_\_\_

A late fee of \$20.00 will apply if payment is not received within 10 days of due date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone # \_\_\_\_\_