

ST. PATRICK ECC, EDP, & SUMMER PAYMENT CONTRACT

FAMILY NAME: _____

Student's name: _____ Program: _____

Student's name: _____ Program: _____

Student's name: _____ Program: _____

CHARGES:

Weekly fee: _____

*Monthly fee: _____

*for ECC Morning Program students and EDP families

PAYMENT OPTIONS:

_____ I will pay by cash, check or money order.

_____ I will set up auto bill pay through my bank.

Signature: _____ Date: _____

