



Immaculate Conception School  
109 W. 4<sup>th</sup> Street Port Clinton, OH 43452  
419-734-3315  
“Giving Wisdom to Little Ones”

Preschool Tuition Contract 2024-2025

Family Name: \_\_\_\_\_

Student: \_\_\_\_\_

Student: \_\_\_\_\_

\_\_\_\_\_ 3 Year Old Class (Half Days: T & Th) \$1,544.00

\_\_\_\_\_ 4 Year Old Class (Full Days: M, W, F) \$2,832.00

Billing Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_

Please check payment option:

\_\_\_\_\_ Tuition paid in full by Aug 1, 2024

\_\_\_\_\_ Tuition paid monthly, Aug 1, 2024-  
through May 1, 2025 (10 equal installments)

We are interested in:

\_\_\_\_\_ AM/PM Kids Care

\_\_\_\_\_ Leap Time

**Preschool Tuition and Fees:**

Registration Fee: \$150.00 per child

Preschool Snack Fee: \$60.00 per child

Kids Care Snack Fee: \$60.00 per child

Leap Time and Kids Care: \$5.50 per hour per child

For Office Use Only: \_\_\_\_\_

\$150 Registration Fee: \_\_\_\_\_

Paid by: \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_ Cash

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Representative Signature

\_\_\_\_\_  
Date