

St. Brendan Parish School
2025-2026 Preschool – 8th Grade Enrollment Form
Due: February 18, 2025

Family Name: _____

Address/City/Zip Code: _____

Phone Number: _____ Email Address: _____

Are you a registered member of St. Brendan Parish? YES NO

If no, are you a registered member of another Catholic Church? YES NO

If yes, please list the name and city of the parish _____

- Our family will enroll at Saint Brendan School. The Non-Refundable \$75.00 registration fee per student is enclosed if paid by February 18, 2025 or new to the school; \$100 if paid by March 1, 2025; \$125 if paid after March 1, 2025.
- Our family will not enroll at Saint Brendan School.
We would appreciate any feedback that you are able to provide for your decision.

K-8 Information: Tuition = \$7,600 per child

	Student Name	Grade Level 2025-2026
Student 1		
Student 2		
Student 3		
Student 4		

The stated tuition amount of \$7,600 does not include any financial assistance, state scholarships, or Parish Life Awards. The actual tuition amount is detailed on the personalized tuition statement prepared for each family and denotes the financial assistance provided and the tuition balance owed. Please note that Parish Life Awards are based on the tuition balance due after any/all other scholarship funds are applied.

4/5 Year Old Pre-K Information: Tuition = \$4,600 Full Day / \$2,760 Half Day

	Student Name	Half Day	Full Day	Tuition
Student 1				
Student 2				

All families are encouraged to apply for tuition assistance for grades K-8 through the Diocese of Cleveland, especially families experiencing financial difficulties. *Diocesan scholarship applications require that a completed FACTS form be on file before a student is considered for any scholarship.* The online application process can be accessed at online.factsmgt.com/aid. A completed 2024 tax return and supporting documents are required for the application. **FACTS applications must be completed by March 15, 2025.** Angel Scholarship Fund applications will also be made available and awarded on the basis of financial need as demonstrated via the FACTS summary report.

I/We agree to pay St. Brendan School the tuition and fees for the attendance of my/our child(ren) as established by the school for the 2025-2026 school year and in accordance with the personalized tuition statement provided for our family, which will be sent out in May.

Recurring Tuition Payment Authorization Form

In registering my child/ren to attend St. Brendan School, I agree to complete my tuition obligation via the St. Brendan School Recurring E-Payment System. I agree to provide complete, accurate payment information below. I understand the account provided will be charged on the 15th of every month, from June 2025 – May 2026, broken into twelve monthly payments based on the total tuition amount due.

- *I agree that any NSF payments are subject to a \$35 fee to cover the parish's resulting fees.*
- *I agree that should I request to delay/suspend payment at any time during the billing year, remaining payments will be increased to make up that amount to ensure all tuition is paid in full by May 15, 2026.*


I authorize regularly scheduled charges to my checking/savings account, Visa, Master Card, Discover or American Express card. ***I understand that a 3% service fee will be applied to any payments made via credit card.*** I agree that no prior notification will be provided unless the date or amount changes, in which case I will receive notice from St. Brendan at least 10 days prior to the payment being collected. I understand a receipt for each payment will be emailed to me and the charge will appear on my bank statement as an "ACH Debit" if I choose to pay from a checking or savings account.

I _____ authorize **St. Brendan Church** to charge my bank account or credit card indicated below for
(Full Name)
all amounts due per side 1 of this form on the 15th of each month (June 2025 – May 2026) for payment of my child (ren)'s
2025-2026 St. Brendan School Tuition:

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Option #1 - Checking/Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



Option #2 - Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVV Code	_____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. Brendan Church in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that St. Brendan Church may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH 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/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. ***St. Brendan will not share your information with anyone.***