ST. MATTHEW LUTHERAN CHURCH
& EARLY CHILDHOOD CENTER
a member of the Lutheran Church—Missouri Synod

TUITION CONTRACT AND AUTHORIZATION

SCHOOL YEAR 2026-2027

Last Name: _____

Name of Student _____

DOB _____ Age_____

Enrollment: I hereby enroll my child for the school year from September 2026-May 2027.

_____Registration Fee: There is a non-refundable $225 registration fee, no exceptions. The non-refundable registration fee is $175 if paid by March 1, 2026.

_____Tuition is based on a nine-month contract (September-May) Tuition Statements are available on the 1st of each month, if payments are not received by the 15th of the month, Tuition is considered delinquent and a late fee of $25 would be applied to the account.

_____Any additional charges (Added Morning Session, Lunch Bunch, and/or Enrichment Class) will be billed the following month and payment should be received no later than the 15th of that following month.

_____There are no prorations or refunds for holidays, absences, vacations, or closings due to weather.

_____The preferred method to pay tuition is via our Auto Pay Bank Debit Plan. The Auto Pay Plan requires the signed payment authorization form included below. Credit card payments are also permitted; a 4% fee applies. Please sign and complete the form below.

_____If not on the Auto Pay Bank Debit Plan, an active method of payment (e.g., credit card) must be on file even if you plan to pay monthly charges via cash or check. Your credit card will only be charged if payment is not received by the 15th of the month due. Please sign and complete the form below with your credit card information.

Parent/Signature: _____ Date:_____

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Student Name: _____ Account Holder's Daytime Phone #:_____

Name on Account (print):

Address:

City, State, Zip:

Choose Primary Method of Payment of Tuition and Fees:

- ☐ Auto Pay Bank Debit – fill out Auto Pay Bank Debit Account Information Below and check **Box 1**
- ☐ Credit Card Payment – fill out Credit Card Account Information Below and check **Box 2**
- ☐ Payment by Cash or Check – fill out Credit Card Account Information Below and check **Box 3**

I authorize the following:	☐ **Box 1** Monthly Auto Pay payment from Bank Account specified below ☐ **Box 2** Monthly Credit Card payment from Card specified below (4% fee) ☐ **Box 3** Credit Card payment (4% fee) if payment not made via cash or check by the 15th of the month the payment is due ☐ Discontinue as indicated ☐ Change as indicated

Account Information

Auto Pay Bank Debit Information – **Box 1**		Credit Card Payment Information – **Boxes 2 and 3**
Bank Name:		Credit Card Type: ☐Visa ☐Mastercard ☐Discover ☐American Express ☐Other:
Attach Voided Check or Deposit Slip	Account Type: ☐ Checking, please attach voided check ☐ Savings, please attach deposit slip	Credit Card #: _____ **Please note a 4% fee applies to Credit Card transactions.**
Routing Number:		Credit Card Expiration Date:
Account Number:		Last 3 Numbers on Back of Card:

Authorization Effective Date:

I authorize St. Matthew Lutheran Church to debit or charge from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.

Please return form to the School

Authorized account signature: _____ Date _____

6-18-26