

2023-2024 ENROLLMENT COMMITMENT

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

PARISH: _____ EMAIL: _____

NAME OF STUDENT(S)	2023-2024 GRADE	\$200 PER STUDENT by Feb 16 \$250 Feb 17-Apr 14 \$300 after Apr 14
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: \$ _____

Through the enclosed NON-REFUNDABLE FEE per student for the 2023-2024 school year, I hereby verify the enrollment of the above student(s) at York Catholic.

PARENT SIGNATURE _____ DATE _____

FORM OF PAYMENT

Check made payable to *York Catholic* Check # _____

Visa MasterCard Discover American Express *When using credit card, an additional \$5 fee/student will be charged.*

Total Amount \$ _____

Name on Card _____

Number _____ Exp _____ CVV _____

Signature for Authorization _____ Zip Code _____

For Internal Use Only _____ Admissions Office _____ Business Office

ENROLLMENT DEADLINE: April 14, 2023
Enroll by February 16, 2023 and SAVE!