MCS, CSO, Mercy Hall, 3300 N 60 ST, Omaha, NE 68104-3402; e-mail: djlund@archomaha.org

MUSIC IN CATHOLIC SCHOOLS

https://archomaha.org/music-in-catholic-schools/

PARENT LESSON AND TUITION AGREEMENT/REGISTRATION FORM

Music in Catholic Schools (MCS) provides band classes during the school day to students in grades 5-8 in Omaha parochial schools. All staff members of the program are certified music teachers in the state of Nebraska. The Superintendent of Schools, Omaha Archdiocese, is the Executive Director.

Class attendance, individual practice, participation in activities, and parent support are necessary for musical growth. Your son or daughter is obligated to enroll in Music in Catholic Schools a minimum of one semester to have a successful experience (though a full school year is much better). Parents are required financially to pay for a minimum of one semester of band tuition. The teacher will provide evaluations to inform parents of their student's progress.

Termination of band classes can occur only after the minimum period of instruction (one half school year or one semester) and receipt of a written drop notice that is signed by a parent. No tuition refunds are made for classes missed before this time. ***Parents are obligated to pay for a minimum of one-half school year (one semester.)***

Tuition for band classes is based on the regular school year, including all scheduled school holidays. This tuition is for teaching services and **does not include instrument rental**. **(MCS instruments are available for students with need.)**

Annual fees may be paid at registration via cash, check, or credit card. Parents may otherwise pay the **first month's payment via check and pay the remainder via automatic monthly transfer of funds (ACH)**. The banking portion of this form must be completed and signed for monthly automatic payments. The bottom right is for annual credit card payments.

_____ _____

Parent Signature *Date*

A payment for band classes must be included with this agreement/registration form. Write checks payable to "Music in Catholic Schools." An original copy of this form must be mailed with a payment enclosed to above address.

__Single: ___$675//year or __$75/month and ACH-automatic transfer (special section of form must be completed)
__Single: ___Reduced Lunch, $315/year or __$35 /month ACH (special section of form must be completed)
__Single: ___Free Lunch, $225/year or __$25/ month ACH (special section of form must be completed)
__Family: ___$1035/ year or __$115 /month and ACH-automatic transfer (special section of form must be completed)

Amount Pd: $_____ ___Check (#_____) ___Cash ___Credit Card **(Annual, only; complete/sign bottom of form)**

The actual cost per student for one year is $725. You are invited to give a contribution above the required tuition amount to MCS, which helps close the gap and provide tuition assistance. Enclosed is a gift to MCS of $_____.

Mom email	Parent's Name	1st Student's First/Last Name	Grade	Instrument/ Year in Band
Dad email	Address	2nd Student's First/Last Name		
School	City	3rd Student's First/Last Name		
Date of Enrollment	State Zip	4th Student's First/Last Name		
Mom Cell#	Dad Cell #			

Superintendent of Schools, Omaha Archdiocese
Dr. Michael Ashton, 402-557-5600

MCS Administrator
Mrs. Debra Lund, 402-557-5600

MCS Board Officer
Mr. Charles Collins, 402-431-0322

AUTHORIZATION FOR PREAUTHORIZED BAND TUITION PAYMENTS—via ACH
(To be completed only if full yearly tuition is not paid to MCS)

Monthly Deductions of $____ on the 15th of month for __months.
(ACH done only once a month—on or near the 15th of October-May)
Payments to: Music in Catholic Schools
Fed Tax ID #47-0376538
I (We) hereby authorize Music in Catholic Schools to initiate debit entries to my/our Checking Account or Savings Account Indicated below and the depository (bank) named below, hereinafter called DEPOSITORY (bank), to debit same to such account.
Depository (bank) Name_____

City_____ State____Zip_____

Transit/routing Number_____
(Number on bottom left of check)
Account Number_____
This authority is to remain in full force and effect until Music in Catholic Schools and depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Music in Catholic Schools and depository a reasonable opportunity to act on it.

Name(s):_____

_____

Signature(s)_____
_____

Date_____
Attach a VOIDED CHECK if you enrolled with a payment that differs from the above account. Return completed original to Music in Catholic Schools. Keep a copy for your records.

CREDIT CARD INFORMATION
(annual or semi-annual payments, only)

Cardholder's
Name_____
Mastercard____ Visa____ Discover____

Credit Card #_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Code__ __ __

Card Expiration Date ____/_____
Billing Address of cardholder
(If different from parent address—must match name on card)

Street_____

City_____State_____Zip_____
Credit cards permitted for annual payments, only.

Signature _____