



St. Philip's Episcopal School (hereinafter referred to as "School") is pleased to offer an Enrollment Agreement to **Student:**

Grade for 2026-2027: 2K 3K PK K 1 2 3 4 5

In consideration of the acceptance of this offer, the undersigned Parent(s) or guardian(s) (hereinafter referred to as "Parent") agrees to pay the contract amount as specified below:

- **A non-refundable registration fee of \$275 per child**
- **A supply fee of \$100 per child**
- **Annual tuition of \$5500 per child with 10% off the second child**

Payment Plan Selection

Please select a payment option:

<input type="checkbox"/> Annual Payment Option - Full Day Non-refundable Registration fee of \$275 Non-refundable Supply fee of \$100 Tuition of \$5225 due August (5% discount)	<input type="checkbox"/> Annual Payment Option - Half Day Non-refundable Registration fee of \$275 Non-refundable Supply fee of \$100 Tuition of \$4085 due August (5% discount)
<input type="checkbox"/> Semester Payment Option Non-refundable Registration fee of \$275. Non-refundable Supply fee of \$100 Tuition of \$2667.50 (3% discount) due Aug. 1 Tuition of \$2667.50 due Jan. 1	<input type="checkbox"/> Semester Payment Option - Half Day Non-refundable Registration fee of \$275. Non-refundable Supply fee of \$100 Tuition of \$2085.50 (3% discount) due Aug. 1 Tuition of \$2085.50 due Jan. 1
<input type="checkbox"/> 10 Month Automatic Payment Option (circle full day or half day) Non-refundable Registration fee of \$275. Non-refundable Supply fee of \$100 Full day - Ten (10) monthly payments of \$550 paid on the 1st of each month Aug. 1 - May 1 Half day - Ten (10) monthly payments of \$430 paid on the 1st of each month Aug. 1 - May 1	
<input type="checkbox"/> Before School Care 1 7:00 - 7:30 a.m. \$50 per month per child	
<input type="checkbox"/> After School Care 1 3:30 - 4:30 p.m. \$100 per month per child	
<input type="checkbox"/> After School Care 2 3:30 - 5:30 p.m. \$200 per month per child	
Monthly ACH from Checking/Savings Account	
Name on Account: _____ Circle one: Checking Savings	
Account Number: _____ Bank Routing Number: _____	



If none of the above options are indicated, Parent will be responsible for submitting ten (10) monthly tuition payments in the amount of \$550 beginning in August 1 of the current year and continuing through May 1 of the following year.

In order to reserve a place for the student, the school must receive the following items:

- 1. Application of Admission or Re-enrollment form for returning students.**
- 2. One signed copy of this *Enrollment Agreement*.**
- 3. Payment in the amount of \$275 for the non-refundable registration fee.**
- 4. Payment in the amount of \$100 for the non-refundable supply fee.**

Non-refundable Registration fee

The parent understands that the registration fee is non-refundable.

Non-refundable Supply fee

The parent understands that the supply fee is non-refundable.

Cancellation and Reinstatement

A parent may withdraw the student and cancel this Enrollment Agreement by providing written notification of withdrawal to the Head of School.

If a student withdraws after the commencement of classes, the undersigned is liable for all tuition due through the month of withdrawal.

Timely Payments

The parent understands that making timely payments is a requirement of this agreement. As such, the Parent understands that the school will assess a **\$30 Late Fee** for all tuition and related payments received after the fifth (5th) of the month. The parent also agrees to pay a **Returned Payment Fee in the amount of \$30 for any check or direct payment returned to the School** by the Parent's financial institution. Furthermore, the Parent agrees that if the account under this contract or any other contractual obligation the Parent has entered into with the School is not current, the School will not release grades and transcripts and will not issue an Enrollment Agreement for the following year. The parent further agrees that the student may be excluded from attendance in accordance with the terms of St. Philip's Past Due Tuition Policy. In the event that the School initiates legal action to collect amounts due on this contract, the Parent agrees to pay the school's costs of collection, interest, and reasonable legal fees including court costs and attorneys' fees.

St. Philip's Episcopal School Past Due Tuition Policy

- All tuition accounts are due on the first day of each month. A **\$30.00 late fee** will be assessed on all payments received after the 5th of the month.
- A past-due notice will be mailed to you if your account is 30 days past due.
- If the account is not paid upon receipt of the 30-day past due notice, a second past due notification will be sent, certified mail, at the end of the 60 days following the date tuition was first due. At that time, you will be advised of the tuition balance, plus any late fees, as well as notification that your child/ren may be withdrawn from school (pursuant to paragraph D, below) if the account is not paid immediately.
- If the account remains delinquent for 90 days from the date tuition was first due, your child/ren may be withdrawn from the school.**
- At any time after a second written notification of delinquency has to be sent (as outlined in "C" above) the following procedure may apply to the account and the procedures outlined in B & C above will no longer be applicable.

Upon payment of all tuition and fees, your child/ren may be readmitted to St. Philip's on a month-to-month basis only so long as the account remains current. If it again becomes delinquent, you will receive notification that your child is withdrawn from school. No other past-due notices will be sent.

The above procedure does not prohibit or preclude St. Philip's from pursuing any legal remedies it may have for the collection of its tuition and fees.

Insufficient Checks (NSF): After receipt of two (2) insufficient fund checks, any further payments must be made with 1) cash 2) money order, or 3) cashier's check.



NON-PAYMENT OF CHARGES HEREIN PROVIDED FOR SHALL BE GROUNDS FOR WITHDRAWAL.

The terms and conditions of this Enrollment Agreement constitute the full and complete agreement between the parties. No other verbal or written agreement shall in any way vary or alter any provisions of this contract unless both parties consent to vary or alter any provision of this contract in writing. Only the Head of School may execute such changes on behalf of the School. This contract is intended to be an integrated writing and any prior oral or written agreements between the parties are merged into this contract and extinguished. No custom or course of dealing between the parties will in any way vary or alter the terms and conditions of this contract. If any clause in this contract is determined to be void or otherwise unenforceable, the remaining provisions shall survive.

Governing Law and Venue

The parties agree that any legal proceeding relating to this Enrollment Agreement shall be governed by and interpreted in accordance with the laws of the State of Texas. The venue for any proceeding shall lie in Uvalde County, Texas.

I have read all of the above and thoroughly understand all items.

Signature

Printed Name

Telephone Number

Relation to Student

Date

revised February 2026

Permission for the Publication of Student's Work/Pictures:

I understand that from time to time St. Philip's may wish to publish examples of student's projects, photographs/videos of students (as a class, doing work, participating in special events, etc.), and other work on an Internet-accessible World Wide Web server (school websites) and newspaper.

Please select one:

My child's work and pictures/videos of my child **MAY be published** on the Internet.

My child's work and pictures/videos of my child **MAY NOT be published** on the Internet.

Parent Initials _____

Field Trips

I hereby give do not give consent for St. Philip's Episcopal Day School to provide transportation for my child on excursions or other planned trips away from the facility that are conducted and supervised by its staff. I give my consent for SPES personnel to arrange for routine or emergency, medical or surgical care in case of an accident or illness while on such a field trip. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Parent Initials _____

My signature below is acknowledgment that I have read and agree to the above permission for publication and field trip permission policy.

Signature:

Date: