



CHURCH of ST. AMBROSE

5130 Wilson Avenue
St. Louis, MO 63110-3139
(314) 771-1228 Ext-2

Dear
Parents/Guardians:

Thank you for considering St. Ambrose School. By completing the school registration packet, you express your desire to give your child a faith-based education in an environment of academic excellence. We are a vibrant, Catholic parish school with a strong community behind us. We strive to live out the virtues in our daily lives as we challenge our students academically. Our goals are to meet the learning needs of all of our students through best practices and hands-on experiences, provide a strong faith foundation, and help each student to reach his/her fullest potential.

In this packet you will see a document covering all the tuition cost for a parishioner versus a non-parishioner. Although there are no cost advantages for a parishioner versus a non-parishioner for children in the Pre-K classes, there are favorable taxing benefits you can take advantage of.

If you are a non-parishioner, ***I would like to take this opportunity to invite you to become a parishioner at St. Ambrose.*** If you choose to become a St. Ambrose parishioner, there are cost benefits. In order to receive these cost benefits, there are certain obligations which you must meet. They are:

- Being a family spiritually engaged in our parish community by regularly attending Sunday mass at St. Ambrose
- Contributing to St. Ambrose Church in addition to your tuition payments
- Participating in school/Church events which aid the school in keeping tuition expenses competitive

Thank you for considering St. Ambrose as your parish. If you would like to proceed in becoming a parishioner, please fill out the membership information form and the Authorization for direct payment via ACH form in this packet and return it to Vicki Calcaterra in the Church rectory at:

St. Ambrose Catholic Church
5130 Wilson Ave.
St. Louis, MO 63110
(314) 771-1228 Ext-2

God Bless,

Monsignor Vince Bommarito



CHURCH of ST. AMBROSE

5130 Wilson Avenue
 St. Louis, MO 63110-3139
 (314) 771-1228

St. Ambrose Parish School 2020-2021

- 1) **Registration Fee's** (*non-refundable*)
 - \$100 per child if paid by March 1
 - \$150 per child if paid after March 1 (Returning families)

- 2) **Payment Options**
 - Payment in full (\$100 deduction if paid in full by August 1)
 - Eleven monthly automatic ACH payments, July through May, on 5th or 20th of each month
 - Eleven monthly payments by cash, check or money order

- 3) **K-8 Parishioner Rates**
 - **Note: A parishioner is considered a family which regularly attends mass at St. Ambrose and contributes through the ACH process**

Tuition Cost	Annual Tuition	Monthly Payment	Please complete the parish "Authorization for Direct Payment via ACH" form in order to finalize school registration
K-8 Parishioner Rates			
1 Child	\$6,006	\$546	
2 Children	\$8,173	\$743	
3 Children	\$8,613	\$783	
4 Children	\$9,042	\$822	
K-8 Non-Parishioner Rates			
1 Child	\$6,886	\$626	
2 Children	\$9,163	\$833	
3 Children	\$9,603	\$873	
4 Children	\$10,032	\$912	
Pre-K Tuition Rates (Parishioner & Non-Parishioner) 3 days/week			
1 Child	\$4,708	\$428	
2 Children	\$7,062	\$642	
Pre-K Tuition Rates (Parishioner & Non-Parishioner) 5 days/week			
1 Child	\$5,786	\$526	
2+ Children	\$7,062	\$642	



CHURCH of ST. AMBROSE

5130 Wilson Avenue
St. Louis, MO 63110-3139
(314) 771-1228

Authorization for Direct Payment via ACH

I (we) authorize St. Ambrose Parish to electronically debit my (our) account (and, if necessary, electronically debit my/our account to correct erroneous debits) as follows (select one):

_____ Checking Account _____ Savings Account

At the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. *(Please print)*

Name of depository: _____

Routing number: _____ Account number: _____

PLEASE ATTACHED A VOIDED CHECK

1. Regular Sunday Collection:

Amount of debit per drawdown: \$ _____

Frequency of debits *(circle one)*: Weekly Every two weeks Monthly Quarterly

2. Capital Improvement Fund:

Amount of debit per drawdown: \$ _____

Frequency of debits *(circle one)*: Weekly Every two weeks Monthly Quarterly

3. Building Fund:

Amount of debit per drawdown: \$ _____

Frequency of debits *(circle one)*: Weekly Every two weeks Monthly Quarterly

4. School Support Fund:

Amount of debit per drawdown: \$ _____

Frequency of debits *(circle one)*: Weekly Every two weeks Monthly Quarterly

I (we) understand that this authorization will remain in full force and effect until I (we) notify St. Ambrose Parish in writing or by phone that I (we) wish to revoke this authorization. I (we) understand further that St. Ambrose Parish requires at least ten (10) business days prior notice in order to cancel this authorization.

Print Name(s): _____

Signature(s): _____

Date: _____