



# St. Aloysius Catholic School

## Tuition Information & Agreement

2025 - 2026 Academic Year  
Preschool through Grade 8

P.O. Box 522  
52 Church Street  
(at end of Convent Street)  
Gilbertville, MA 01031-0522  
Phone 413-477-1268

Tuition rates listed in parenthesis include the scholarship tuition reduction.  
Please choose one of the 3 options below to be considered or decline.

Preschool - 3 & 4 year old children	1st Child	10 Monthly Payments starting July 1, 2025	1 Full Payment by August 1 receives 5% discount.
5 Full Days - Monday through Friday	\$ 4,911.00 (-400 = \$ 4511)	\$ 491.10 (451.10)	\$ 4,666.00 (-380 = \$ 4286)
3 Full Days - Monday, Wednesday, Friday	\$ 2,970.00 (-232 = \$ 2738)	\$ 297.00 (273.80)	\$ 2,822.00 (-220 = \$ 2602)
2 Full Days - Tuesday, Thursday	\$ 2,218.00 (-168 = \$ 2050)	\$ 221.80 (205.00)	\$ 2107.00 (-160 = \$ 1947)
Additional child in same family enrolled in Preschool receives 10% off Tuition Rates	2nd Child		
5 Full Days - Monday through Friday	\$ 4,420.00 (-360 = \$ 4060)	\$ 442.00 (406.00)	\$ 4,199.00 (-342 = \$ 3857)
3 Full Days - Monday, Wednesday, Friday	\$ 2,673.00 (-209 = \$ 2464)	\$ 267.30 (246.40)	\$ 2,540.00 (-198 = \$ 2342)
2 Full Days - Tuesday, Thursday	\$ 1,996.00 (-151 = \$ 1845)	\$ 199.60 (184.50)	\$ 1,896.00 (-143 = \$ 1753)

Grades K through 8	1st Child	10 Monthly Payments starting July 1, 2025	1 Full Payment by August 1 receives 5% discount.
5 Full Days - Monday through Friday	\$ 4,240.00 (-400 = \$ 3840)	\$ 424.00 (384.00)	\$ 4,028.00 (-380 = \$ 3648)
2nd Child in same family enrolled in K - 8 receives 10% off 1st Child Rate.	2nd Child \$ 3,816.00 (-360 = \$ 3456)	\$ 381.60 (345.60)	\$ 3,625.00 (-342 = \$ 3283)
3rd Child in same family enrolled in K - 8 receives 20% off 1st Child Rate.	3rd Child \$ 3,392.00 (-320 = \$ 3072)	\$ 339.20 (307.20)	\$ 3,223.00 (-304 = \$ 2919)

### Please note:

- The preferred method of payment is by check, payable to St. Aloysius Catholic School, mailed to the PO Box 522 address above. Payments may also be made online using a credit card by clicking the "Make Tuition Payment" link under "For Parents" on the school website: [www.staloyusiuscs.com](http://www.staloyusiuscs.com). PayPal takes a 2.95% fee from all payments.
- If a monthly payment is more than 30 days late, a student may be asked to withdraw his/her attendance at St. Aloysius Catholic School.
- There is a \$25 returned check fee for checks that do not clear the bank.

### Withdrawal Policy:

- Families must notify the school in writing if a student is withdrawn from the school.
- Registered students who withdraw before the first full day of school are responsible for 1/4 of the full tuition amount.
- Registered students who withdraw within the first 30 days of school are responsible for 1/2 of the full tuition amount.
- Registered students who withdraw after the first 30 days of school are responsible for the full tuition amount.
- The school will not forward records for students who withdraw with an outstanding balance.

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I wish to be considered for the \$ 400.00 (or the portion thereof for 2 and 3 day preschool, pay in full or multiple child discounts) scholarship tuition reduction.

☐

I wish to be considered for a portion of the scholarship tuition reduction in the amount of \$ \_\_\_\_\_ (Amount listed must be less than \$ 400.00 or the portion thereof for 2 and 3 day preschool, pay in full or multiple child discounts.)

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I wish to decline the scholarship. Please use my reduction to assist other families. That amount will be shown as a tax deductible contribution on my receipt.

1st Child Last Name \_\_\_\_\_ 1st Child First Name \_\_\_\_\_

Check one: PS \_\_\_ K-8 \_\_\_; I will make 10 payments of: \$ \_\_\_\_\_ OR I will make one payment of \$ \_\_\_\_\_

2nd Child Last Name \_\_\_\_\_ 2nd Child First Name \_\_\_\_\_

Check one: PS \_\_\_ K-8 \_\_\_; I will make 10 payments of: \$ \_\_\_\_\_ OR I will make one payment of \$ \_\_\_\_\_

3rd Child Last Name \_\_\_\_\_ 3rd Child First Name \_\_\_\_\_

Check one: PS \_\_\_ K-8 \_\_\_; I will make 10 payments of: \$ \_\_\_\_\_ OR I will make one payment of \$ \_\_\_\_\_

I have read and understand all policies, procedures and due dates.

1st Parent / Guardian Signature \_\_\_\_\_

2nd Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_