



CHEVERUS CENTENNIAL SCHOOL
OF SACRED HEARTS PARISH
30 Irving Street
Malden, MA 02148
Ph : (781) 324-6584
www.cheverusschool.com

INCREMENT PLAN 2009-2010

Please sign and return this form if you are selecting the Increment Plan.

I have selected the Increment Plan.

FAMILY NAME: _____

ADDRESS: _____

TEL.NO. _____

SIGNATURE: _____ DATE: _____

I UNDERSTAND AND ACCEPT THE FOLLOWING CONDITIONS OF THIS PLAN:

- (1.) That I will pay a \$600.00 Increment.
- (2.) That I will pay \$300.00 towards this plan by June 10, 2009.
- (3.) That I will pay the remaining balance of \$300.00 by
May 10, 2010.
- (4.) That I will NOT have any FUNDRAISING responsibility.

There will be a \$50.00 late fee for payments received after the due date.

2009-2010 School Year

Child/Children: _____

Grade: _____