



Queen of Heaven School

2024-2025 HSG Family Commitment Form

839 Mill Road
West Seneca, New York 14224
716.674.5206
www.qofhschool.org

Family Last Name: _____

PLEASE CHECK ONE CATEGORY:

() Category 1 – New and Existing School Families

- Each family must **sell/buy** the required number of Sweepstakes tickets.
- Volunteer 10 hours per year as follows:
 - Work 5 hours (or 1 shift) at the 2024 Summer Carnival
 - Work 5 hours at an HSG fundraising function

The above commitment applies to all new families regardless of parish affiliation.

For families in this category it is important to note that they must work at an HSG **fundraising function**. Volunteering for coaching, in the cafeteria or at various children parties (i.e., the Halloween party) **does not** count toward your 5 hours.

() Category 2 – Non-Volunteering Families

- Families not wishing to volunteer at Carnival or HSG events.
- Each family must sell the required number of Sweepstakes tickets.
- Each family will pay an additional \$400 toward the tuition deficit this year. \$200 will be billed out in August 2024 and the remaining \$200 will be billed out in April 2025

Please be advised:

Any family that does not sell/buy the required number of Sweepstakes tickets, the cost of the tickets will be added to your tuition account.

FILLABLE FORMAT ONLY: My typed name below represents my legally binding "digital" signature. (This form may be emailed if using digital signature)

Parent Signature _____ Date _____



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FAMILY LAST NAME

2024-2025 ACH Authorization Form

I authorize Queen of Heaven to automatically debit my account as listed below, for tuition and fees for the 2024-25 school year. Monthly payments are made beginning August 15, 2024 through May 15, 2025. Tuition will be processed on the 15th of each month unless the 15th falls on a weekend or holiday, in that case it will be processed the following business day.

Please include a voided check if using a checking account or deposit ticket for a savings account

PLEASE PRINT CLEARLY AND COMPLETELY

NAME OF BANK _____

NAME ON ACCOUNT _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT - CHECKING _____ SAVING _____

BANK TRANSIT/ROUTING NUMBER _____

STUDENT'S NAME(S): _____

Authorizing Signature (Name on Account): _____

Date: _____ Phone Number: _____

Returned payments will be resubmitted within 5-10 days of receipt of a Non-Sufficient Funds notice.

FILLABLE FORMAT ONLY: My typed name below represents my legally binding "digital" signature and confirms this account belongs to the printed name below. (This form may be emailed if using digital signature)

Digital Signature

DATE