

St. Timothy's Lutheran School

Year Round Preschool Year

2015-2016 Extended Care Registration and Enrollment Contract

Name of Student _____ In consideration of the acceptance of this contract by St. Timothy's Lutheran School for the 2015-2016 Extended Care Program (August 2015 – June 2016), the undersigned agrees to pay the required annual fees as specified below.

Instructions: Select a Plan by placing a check in the space provided next to the Plan Options. You may also select a part-time option. To determine your annual part-time cost multiply the annual fee by: **(.83 for the 4-days) (.64 for the 3-days) (.45 for the 2-days) (.25 for the 1-day)**

Morning Plan Option		Annual Fee	Part-Time Plan				
			Circle Number of Days		Circle Day/s Attending		
_ Plan 1	Morning (7:00-8:30/8:45)	\$2,250.00	4	3	2	1	M T W TH F

Afternoon Plan Options		Annual Fee	Part-Time Plan				
			Circle Number of Days		Circle Day/s Attending		
_ Plan 2	Afternoon (3:00-4:00)	\$1,475.00	4	3	2	1	M T W TH F
_ Plan 3	Afternoon (3:00-5:00)	\$2,640.00	4	3	2	1	M T W TH F
_ Plan 4	Afternoon (3:00-6:00)	\$3,580.00	4	3	2	1	M T W TH F

Morning Care \$ _____

Afternoon Care \$ _____ Total \$ _____

I understand my obligation to pay the fees according to the arrangement selected above. I understand that this contract will be added to my tuition payment to be paid through FACTS on the 5th or the 20th of the month. I understand that the fees listed above for each plan are annual fees. I understand that if I pick my child up later than the time indicated on the plan selected, I will be charged the "Drop In" rate of \$10.00 per hour. If a student attends any part of an hour, he/she is charged for each quarter of an hour. **When a child is picked up after 6:00 p.m. a \$1.00 per minute late fee will be assessed for every minute after 6:00 p.m..**

Extended Care payment guarantees my child's place in the Extended Care Program. Therefore, no credit or make-up days will be given for any reason. Payment remains the same whether or not my child attends. If I wish to withdraw my child from the program, I am required to notify the school office by giving a written notice at least two (2) weeks in advance. If a student attends any part of a month, he/she will be charged for the entire month.

I understand that in signing this Enrollment Contract, I am agreeing to accept the rules and regulations of St. Timothy's Lutheran School as stated in the current Parent-Student Handbook and the statements as referred to above. I (we) understand and agree to the terms of this contract.

Signature of Parent/Guardian

Date

<input type="checkbox"/> Change of Extended Care Plan <input type="checkbox"/> Cancel Extended Care Plan	Effective Date _____ _____ Signature of Parent/Guardian
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