



Community of Saints
Extended Day Program

PARENT FEE CONTRACT - SUMMER 2017

Child's Name _____

Grade _____

Mother's Name _____

Father's Name _____

June

S	M	T	W	Th	F	S
X	12	13	14	15	16	X
X	19	20	21	22	23	X
X	26	27	28	29	30	

July

S	M	T	W	Th	F	S
						X
X	X	X	5	6	7	X
X	10	11	12	13	14	X
X	17	18	19	20	21	X
X	24	25	26	27	28	X
X	31					

August

S	M	T	W	Th	F	S
		1	2	3	4	X
X	7	8	9	10	11	X
X	14	15	16	17	18	X
X	21	22	23	24	25	X

Full Day Fee: \$30.00/child
Half Day Fee: \$20.00/child

Please indicate, by circling the dates, the days that your child will be attending Community of Saints Summer Extended Day Program.

I agree to pay for the dates my child is registered for the Extended Day Program unless Community of Saints is not in session.

- This includes any absences due to illness, etc. I agree to pay an additional \$1.00 per child per minute if I pick my child up after 6:00 p.m. No exceptions will be granted for this policy. Repeated late pick up may result in the dismissal of your child from the program.

I, the undersigned, request admission to the Community of Saints Summer Extended Day Program for the above child and hereby agree to its tuition and procedures. Further, I agree to give a two week notice in the event that I remove my child from the program. In accordance to the policies, I agree to pay the monthly tuition rate in a timely manner. If not done so, it may result in the removal of my child from the program.

Signature of Parent/Guardian _____

Date _____