



Extended Day Program Preschool Contract 2017-2018

Office Use:
Name _____
Check # _____
PMOF _____
Amt. Pd. _____
Date _____

In consideration of acceptance by St. John's Episcopal School, the undersigned agrees to the following terms and conditions as acceptance of:

_____ in Grade _____ to the Extended Day Program
PRINT STUDENT'S NAME

(Early Arrival and/or Afternoon) for the 2017-2018 academic year.

**Please circle program and day(s).*

Early Arrival: 8:00 a.m. - 9:00 a.m. M T W TH F
 Afternoon Dismissal: 4:00 p.m. M T W TH F
 Afternoon Dismissal: 6:00 p.m. M T W TH F*
 Friday: 5:00 p.m.

Annual Contract Fee Schedule

Program	5 Day	4 Day	3 Day	2 Day	1 Day
Early Arrival: 8 a.m.	\$1,835	\$1,475	\$1,100	\$750	\$375
Afternoon Dismissal: 4 p.m.	\$1,835	\$1,475	\$1,100	\$750	\$375 Monday through Thursday
Afternoon Dismissal: 6 p.m. (Mon.-Thurs.) 5 p.m. (Fridays)*	\$3,300	\$2,700	\$2,050	\$1,400	\$725 Monday through Thursday
One Day FRIDAY ONLY (5 p.m. Pick-up)					\$825

FEES AND BILLING

- **This contract must be fully executed by the parent(s) or legal guardian(s) financially responsible for the student and returned to the School by June 30, 2017.**
- Extended Day Program Payments: Payment schedule is to be selected from the options listed below in this contract.
- The School reserves the right to refuse admission or continued attendance in the program should discipline become an issue. The following protocol shall be followed: First infraction – a meeting with the parents to discuss the behavior plus a one week suspension from the program. Second infraction – a meeting with the parents to discuss the behavior plus a two week suspension from the programs. Third infraction – a meeting with the parents to discuss the behavior and the student shall be dismissed from the program.
- The full contract fee is payable regardless of absence or dismissal.
- See extended day program calendar for specific information about days and times the program is available and possible changes to those days and times based on inclement weather.
- Late Pick-up: Students are expected to be picked up at their contracted time. There is a \$10 late fee for the first five minutes or any part thereof; and an additional late fee of \$10 per every five (5) minutes thereafter. If you are late three times in one month, you will lose your Extended Day privileges for one week. If late pick-up continues, you will be suspended from the program indefinitely.
- Using the drop-in program on any day you are not contracted will be on an *emergency-only basis with prior approval of the Extended Day Program Director*. A morning fee of \$15 and an afternoon fee of \$15 an hour will be charged with payment due upon pick-up. There will be no drop-ins on inclement weather days, Fridays, or noon dismissal days.
- Changes made to the contract, excluding dropping days, during the school year will be honored, provided space is available. There will be a \$100 processing fee for each change made to the contract after September 30, 2017.
- The School reserves the right to refuse admission or continued attendance in the program if payment of fees is not made when due.
- Tuition policy regarding delinquent accounts apply to all Extended Day Program contracts

PLEASE CHECK ONE OF THE FOLLOWING EXTENDED DAY PAYMENT PLANS

_____ **A.** One Payment Plan – Payment made in full by check directly to St. John’s School by September 30, 2017

_____ **B.** Two Payment Plan – Payment by check directly to St. John’s School - 60% of balance due by September 30, 2017 with remaining 40% due by February 28, 2018

_____ **C.** Nine Payment Plan – Payments through **FACTS** (from September to May)

_____ I am currently using FACTS and agree to have my Extended Day Program payments paid through my existing FACTS account

_____ I will register with FACTS for Extended Day Program Payments

I agree to pay \$_____ for the 2017-2018 School Year.

The undersigned acknowledges the obligation to pay the entire contract fee.

Signature of parents/all parties financially responsible for the student’s participation:

_____	_____	_____
Signature	Print Name	Date

_____	_____	_____
Signature	Print Name	Date

Daytime Phone Number: _____