**Tuition Information and Agreement**

**St. Timothy School Aftercare Program 2019-2020**

**Hours of operation:** Monday-Friday 3:15 PM-6:00 PM

**Registration Fee:** $40 per family annually (non-refundable)

Child’s Name Birth date Schedule Monthly Tuition

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mon Tue Wed Thu Fri $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mon Tue Wed Thu Fri $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mon Tue Wed Thu Fri $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As needed\_\_\_\_\_\_\_\_\_ $30/day K-8 $40/day preschool

**Total Monthly Tuition:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Admission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition Agreement Conditions**

1. I accept and agree to follow the policies and procedures of St. Timothy Catholic School and the STS Aftercare Program.

2. I understand that tuition payments are due monthly and are payable in advance.

3. **I** **agree to pick up my child no later than 6:00 PM or at the closing time of STS Aftercare**. If a parent/guardian is continually late to pick up their child other arrangements will need to be made outside the STS Aftercare Program.

4. St. Timothy Catholic School agrees to notify the parent/guardian when the child becomes ill and the parent/guardian agrees to immediately make arrangements to have the child picked up.

5. I understand that the Principal and Aftercare Director have the right to withdraw my child from the Aftercare Program if he/she is continually disruptive to the Program, staff members or other students.

6. I understand that the Aftercare Program will operate only on days that St. Timothy Catholic School is open. Further, I understand that the Aftercare Program will not operate on school vacations or holidays.

7. I agree to pay the annual non-refundable registration for each family.

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_