**Tuition Information and Agreement**

**St. Timothy After School Care Program**

**Hours of Operation**: Monday through Friday 3:15 p.m. to 6:00 p.m.

**Registration Fee**: $35.00 per child annually (non-refundable)

**Multi-Child Discount**: 10% off the tuition of the second and each succeeding child (full-time enrollment only)

Child’s Name Birthdate Schedule Monthly Tuition

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

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

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

AS NEEDED \_\_\_\_\_\_\_\_\_\_

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

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

#### Tuition Agreement Conditions

1. I accept and agree to follow the policies and procedures of St. Timothy School and the St. Timothy After School Care 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 p.m. or the closing time of the Center.
4. St. Timothy 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 has the right to withdraw my child from the Extended Day Program when he/she is continually disruptive to the Program, staff members or other students.
6. I understand that the Extended Day Program will operate only on the days that St. Timothy School is open. Further, I understand that the Extended Day Program will not operate on school vacations or holidays.
7. I agree to pay the annual non-refundable registration fee for each child.

I have read the conditions of this tuition agreement. I understand and accept each condition as St. After School Care policy. I understand that St. Timothy School may revise the above fees and conditions as necessary.

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director/Principal’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_