



# Before and After School Care Contract 2017-2018

**Hours**

Before School Care 7:00 – 8:30 am  
 After School Care 3:25 – 6:00 pm

**Before School Care Sign-Up** Please estimate times of drop-off

Student(s)	Monday	Tuesday	Wednesday	Thursday	Friday

**After School Care Sign-Up** Please estimate times of pick-up

Student(s)	Monday	Tuesday	Wednesday	Thursday	Friday

<b>Per Session Cost</b>	\$10
	\$5 if dropped off after 8:00 am or picked up before 4:15.

**OBLIGATION OF PARENT / FAMILIES**

I agree to the following:

- a) I have read, understand, and agree to make payments as follows: each month (around the 1<sup>st</sup>) notice will be given through Sycamore for the previous month’s balance due. **Payments are due within seven days of notification** and may be turned into the school office, mailed to the office, or paid via credit care on Sycamore (there is a 3% convenience fee to pay by credit card). Please may checks payable to Saint Patrick School.
- b) In the event that I default on this contract, I agree to pay Saint Patrick Parish School all reasonable and necessary costs of collection incurred to collect monies for services provided by Saint Patrick Parish School, including but not limited to: costs of any collection agent or agency; court costs; and all reasonable and necessary attorney’s fees.
- c) Any monies received through the Tuition Assistance application will not be credited to the account until Parent / Families portion has been paid in full.

**By signing this document, I am agreeing to the terms set forth in this Contract and will be the Individual(s) responsible for paying the tuition.**

\_\_\_\_\_  
 Print Name Signature Date

\_\_\_\_\_  
 Print Name Signature Date

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>Office Use Only</b>		
Contracted Accepted by: _____		
Name	Title	Date