

EXTENDED DAY PROGRAM - GRADES Nursery through 8
REGISTRATION 2009-2010
Enrollment Limited

A non-refundable registration fee of \$50/per student is payable with this Registration. First months payment is due on September 10, 2009.

COST PER CHILD

1. Cost for one child - (3 to 5 afternoons a week) -----\$2,925.00/year or \$325.00 per month
2. Cost for two children - (3 to 5 afternoons a week) ----- \$5,400.00/year or \$600.00 per month
3. Drop-in Cost per child ----- \$10.00/per hour

<u>STUDENT NAME</u>	<u>GRADE</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Enrollment Fee: \$ _____

Payment by Year: \$ _____
(due on September 10)

Bi-Annual Payment Option: \$ _____
(September 10 and February 10 as well as any late fees that apply)

Monthly: \$ _____
(due September 10 through June 10 as well as any late fees that apply)

LATE FEE PAYMENT

THE FOLLOWING LATE FEES APPLY TO ALL PARTICIPANTS IN THE EXTENDED DAY PROGRAM:

LATE PICK UP FEE

Extended Day hours are from school dismissal until 6:00pm. Parents, whose children are picked up after 6:00pm according to the school clock, must be prepared to pay **\$1 per minute per child** to the staff on duty. If payment is not made upon arrival, parents are required to sign a Late Pick-Up acknowledgement form and must pay the full amount the following school day. Persistent lateness will result in dismissal from the program.

LATE PAYMENT FINE

1. Payments are to be made on the 10th of each month. If payment is not received by the 15th, a late charge of \$25 will be assessed weekly thereafter until payment is received.
3. If Drop-in payment is not made by the following morning, a late fee of \$25 will be assessed for each drop-in billed until payments are current.

ENROLLMENT CANCELLATION

If you have to cancel enrollment in the Extended Day Program your financial obligation will be pro-rated for the time enrolled. Prior written notification to the Principal is required for all early withdrawals. Any withdrawal without notification will be subject to the full payment for that period. There is no reimbursement for days **not** attended due to family circumstances.

PARENT SUPPORT

I understand that in signing this contract I agree to abide by the policies and procedures of Our Lady of Victory's Extended Day Program and to support its Staff and Director. **I understand that the school has the right to refuse admittance to the Extended Day Program and/or withhold report cards and transcripts for any student whose financial account is delinquent. I accept that Our Lady of Victory's extended day is part of the school and that the code of conduct outlined in the parent/student handbook applies in extended day. I accept that the consequence of my child not being able to remain in/or attend extended day may result if my child acts outside of the code of conduct. I will collect my child immediately if requested. I accept that students who receive more than two disciplinary actions in a quarter will be ineligible for the honor roll and unable to participate in other activities (including extended day) for the remainder of the quarter. In accordance with Archdiocesan regulations, I accept that the principal will determine the outcome of all disciplinary referrals. I accept that extended day follows Montgomery County Public Schools Police for emergency/weather-related delays/closures.**

ENDORSEMENTS

I have read, understand and accept this Financial Contract and I agree to be responsible to these commitments.

Signature

Home Phone

Street Address

Work Phone

City & Zip Code

Date

EXTENDED DAY EMERGENCY CONTACT FORM

All Extended Day Parents **MUST COMPLETE** and **RETURN** this form by **Monday, August 24, 2009** in order to attend Extended Day on **Tuesday, September 1, 2009**. No child may begin the EDP with incomplete or missing emergency information form!

PLEASE FILL OUT COMPLETELY!!!

Child's Name(s): _____

Date of Birth(s): _____

Home Address: _____

Mother's Name: _____

Telephone: Home #: _____

Work#: _____

Cell#: _____

Father's Name: _____

Telephone: Home #: _____

Work#: _____

Cell#: _____

Child/Children's Primary Physician: _____

Business #: _____

Specific Concerns (i.e. allergies, etc.): _____

EMERGENCY CONCERNS: *In the event I cannot be reached for an emergency and/or early closing, the following people should be contacted:*

1. Name: _____

Telephone #: Home _____ Work _____ Cell _____

Relationship to child: _____

2. Name: _____

Telephone #: Home _____ Work _____ Cell _____

Relationship to child: _____

3. Name: _____

Telephone #: Home _____ Work _____ Cell _____

Relationship to child: _____

Date

Signature of Parent/Guardian