

After Care Program Contract

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

_____ in Grade _____ to the
Print Student's Name

Extended Day Program for the 2024-2025 academic year.

Monthly Contract Fee Schedule

Five days a week: \$400.00 per month

One day a week: \$ 35.00 per day

$\frac{1}{2}$ day \$ 35.00 per day

*Please circle program and days

1. Five days a week
2. One to four days a week M T W TH F

Fees and Billing

- Payments are due by the 1st of each month.
- Please make checks payable to St. Patrick's School.
- The full contract fee is payable regardless of absence.
- If for any reason a full-time (September - May) participant does not utilize after care for any above listed months throughout the school year, payment will be required for days used in August and June.

The undersigned acknowledges the obligation to pay the monthly contract fee. Signature of parents/all parties financially responsible for the student's participation:

Signature

Print Name

Date