

ST. JOHN THE BAPTIST SCHOOL
PARENT PROVIDER CONTRACT

I, _____ agree to enroll my child _____ Grade _____

Date of birth _____, in the St. John's Extended Care, Beginning _____.

I will need Extended Care: 7:00 a.m. – 7:50 a.m. 2:45 p.m. – 6:00 p.m.

daily occasionally specify what days _____

I would like to be charged: monthly flat rate hourly rate

Payments are due by the 10th of each month. A \$10.00 late fee will be added if the payment is received after the 10th.

If the bill is not paid by the end of the month your child/ren will not be able to return to Extended Care until paid in full.

There will be an overtime charge of \$1.00 per minute if the child is picked up after 6:00 p.m.

Payment obligations for flat rate is based on the hours you agree to use Extended Care, not on actual hours of attendance, and is paid at the beginning of each month.

Bills are sent home every Tuesday of the month in the brown family envelope.

If a child's attendance changes, please give us two weeks notice to revise or terminate your contract.

REGISTRATION FEE: \$25.00 PER CHILD

Date signed: _____

Parent's Signature

Director's Signature