

The Academy of Our Lady of Peace

99 South Street, New Providence, NJ 07974
Phone 908-464-8657 Fax 908-464-3377

Before and After Care Program PARENT CONTRACT AGREEMENT

An agreement between _____ and The Academy of Our Lady of Peace for the
(Parents Name)
provision of before and/or after school care services to:

_____, _____, _____
(First Child's Name) (Second Child's Name) (Third Child's Name)
for the school year beginning September 2016 and ending June 2017 between the hours of (check all that apply):

Program Rate:

_____ Before Care: 7:15 – 8:10am (Part-time or Full-time) cost included with 4 day & 5 day After Care Program Rate

_____ After Care: 3:00–6:00pm (Part-time or Full-time) paid in advance, 8 monthly payments (See chart on next page)

Drop-In

_____ Before Care: 7:15–8:10am (Drop-in - payment due at drop off of \$10.00 per child, per hour or part of the hour)

_____ After Care 3:00-6:00pm (Drop-In - payment due at pick up of \$10.00 per child, per hour or part of the hour)

on full session school days, except half-day sessions before holidays, school vacations, or emergencies when school is closed. (Please consult the school calendar for dates involving half days.)

ELIGIBILITY

I understand that my child(ren) must be enrolled in the academic program (Pre-K 3 Full Day through Grade 8) for the 2016-2017 school year at The Academy of Our Lady of Peace in order to be eligible to enroll in the before and after school care program.

COST OF CARE

I understand that the cost of aftercare will be based upon usage (see chart on next page) per child for the school year plus a \$50.00 non-refundable registration fee per family paid to The Academy of Our Lady of Peace. If my child is registered for 5 day or 4 day full-time after care with payments made in advance and I wish to register him/her for before care the cost is included with no additional fee.

If I choose to use the before or after care services on a drop-in basis, the registration fee per family is \$50.00, (this must be paid during the registration period) and the drop-in cost is \$10.00 per hour or part of the hour for one child, \$16.00 per hour or part of the hour for two children, and \$24.00 per hour or part of the hour for three children.

FEE PAYMENT

I agree to pay a fee for the full-time and part-time service according to the schedule on the next page. I understand the cost is based on the usage and the number of children I have enrolled in the program. I agree to pay prior to receiving services in order to receive the discounted Program Rate or to pay at the time of drop off and pick up for the drop-in rate. Payment options are to pay in full by September 1st or use SMART Tuition. Eight Payments are due to SMART Tuition as follows: **September 15th, October 15th, November 15th, December 15th, January 15th, February 15th, March 15th, April 15th, or on your selected SMART pay dates.**

FORM OF PAYMENT

I agree to pay by cash, check or money order for the \$50 per family registration fee to The Academy of Our Lady of Peace and full payment based on usage, or I will pay SMART Tuition in eight equal monthly installments based on the cost listed on the next page. In the event payment by check is returned to the School for Insufficient funds, I agree to pay the processing charge. Upon request a receipt will be issued.

I have INDICATED THE NUMBER OF DAYS PER WEEK BELOW by checking the box to the left that applies. (DISCOUNTED PROGRAM FEES BELOW ARE PAID TO SMART TUITION.)

	One Child	Two Children	Three or More Children
<input type="checkbox"/> 5 days per week Includes Before & Aftercare services	= \$2600 per year or 8 payments of \$325	= \$4300 per year or 8 payments of \$537.50	= \$6000 per year or 8 payments of \$750
<input type="checkbox"/> 4 days per week Includes Before & Aftercare services	= \$2200 per year or 8 payments of \$275	= \$3600 per year or 8 payments of \$450	= \$4800 per year or 8 payments of \$600
<input type="checkbox"/> 3 days per week Includes Aftercare ONLY	= \$1600 per year or 8 payments of \$200	= \$2700 per year or 8 payments of \$337.50	= \$3800 per year or 8 payments of \$475
<input type="checkbox"/> 2 days per week Includes Aftercare ONLY	= \$1200 per year or 8 payments of \$150	= \$2000 per year or 8 payments of \$250	= \$2400 per year or 8 payments of \$300
<input type="checkbox"/> 1 day per week Includes Aftercare ONLY	= \$800 per year or 8 payments of \$100	= \$1400 per year or 8 payments of \$175	= \$1800 per year or 8 payments of \$225
<input type="checkbox"/> 5 days per week Beforecare ONLY	= \$1200 per year or 8 payments of \$150	1800 per year or 8 payments of \$225	= \$2300 per year or 8 payments of \$287.50

PAYMENT MUST PRECEDE SERVICES OR SERVICES WILL NOT BE PROVIDED

ABSENCE

I understand that no reduction in my fee will be made for my child's absence due to illness, vacation holidays, emergencies, when school is closed or in attendance at another after school activity which makes it impossible for the child to be at the after care program.

WITHDRAWAL

I agree to give the school at least one week's advance notice before withdrawing my child from the program, and I understand that the payments are non-refundable.

LATE FEE

I understand that the after school program ends promptly at 6:00pm daily. In addition to my regular fee, I agree to pay, a late fee at the time of pick-up: \$2.00 per minute, per child for the first 15 minutes and \$3.00 per minute, per child for each minute there after that my child remains at the School after 6:00pm. I understand that my child will not be readmitted to the program if the late fee is not paid. I understand also that the school may suspend after care services if my child is picked up late more than four (4) times in one year. The school may terminate the after care services if my child is picked up habitually late.

The School reserves the right to make an administrative decision not covered in this contract should the need arise.

SIGNATURES

The above terms are understood and agreed to, and I am enrolling my child(ren) in the after school care program pursuant to this Agreement.

Parent's Signature _____ Date _____

Copy of this contract Returned to Family _____

The Academy of Our Lady of Peace

99 South Street, New Providence, NJ 07974

Before and AfterCare Program Registration 2016-2017

Family Name _____

Child _____ Grade _____ Child _____ Grade _____

Child _____ Grade _____ Child _____ Grade _____

Registered For:

_____ Drop-In Before and/or AfterCare to be used as needed, hour rate payment is due at time of Services.

_____ Aftercare Part or Full Time (circle the number of days per week aftercare will be used)

5 days 4 days 3 days 2 days 1 day

_____ Beforecare: (circle the number of days per week Beforecare will be used)

5 days 4 days 3 days 2 days 1 day

Home Address _____

Telephone _____

Primary Contact Name: _____ Phone # _____

Father's Name _____

Mother's Name _____

Father's Work Phone _____

Mother's Work Phone _____

Father's Cell Phone _____

Mother's Cell Phone _____

Allergies or other medical conditions: _____

If the parents cannot be reached, in the event of an emergency list people to be contacted:

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

**PHOTO ID must be shown to pick up child.

REGISTRATION FEE OF \$50 PER FAMILY IS PAYABLE TO THE ACADEMY OF OUR LADY OF PEACE

For Office Use Only:

Status: _____

Drop-in _____

Aftercare # of Days/wk

5 4 3 2 1

Beforecare # of Days/wk

5 4 3 2 1

Registration Fee:

\$ 50.00 per family

Date _____

Check # _____

Cash _____