

2017 - 2018 FINANCIAL AGREEMENT
FOR HOLY REDEEMER EXTENDED CARE PROGRAM

Please read the following agreement and contract prices carefully. Please sign and return the contract after you have reviewed the contents. Please retain this agreement for your records.

Period of Operation: The program operates daily from dismissal until 6:00 PM when Holy Redeemer School is in session.

Registration Fee: The \$70.00 fee is non-refundable paid by cash or check to the school office. No student may utilize Before or After Care services that has NOT been previously registered. All children must be registered and have the required physical exam and immunization forms on file by September 1.

After Care Fees: Tuition is to be paid on a monthly basis only. Tuition is to be paid through the TADS billing collection and paid according to the options set up upon the creation of the billing account. Refunds are not given for a child's absence because of a short term illness or other non-emergency circumstances. Scheduled days off are not deducted from your payment, because there is no additional fee on half days. There is no hourly rate. Payments are due the first of the month. A \$25 fee will be charged if the tuition payment is outstanding for more than fifteen days. Other fees may also be assessed by TADS.

Hourly Rates: We do not offer hourly rates.

Contract: **Due to staffing requirements, your contract plan cannot be changed. There will be a \$30 surcharge for changes made to the current contract.**

Late Pick-up: Late pick-up begins at 4:30 or 6 P.M. depending on the family's contract. We expect that children will be picked up on time. For all children, the late fee for pick-ups after 4:30 or 6:00 P.M. will be one dollar per minute. This payment must be made to Holy Redeemer School on that day or the next. Picking up your child on TIME is VERY IMPORTANT. Chronic lateness will jeopardize placement or re-registration in Holy Redeemer School's After Care program. We will not extend the already extended day. Picking up late more than five times in one quarter is cause for dismissal from the After Care program.

****PLEASE NOTE**** Late fees will also be charged (within reason) for late pick-up when an emergency closing has been called for all After Care Programs by Prince Georges County Public Schools or Holy Redeemer School.

Receipts: Your check serves as your receipt for tax purposes.

Termination of Services by School: The After Care Director has the right to dismiss any child from the program because of behavior or unmet financial obligations after conferring with the school principal.

Termination of Service by Family: Aftercare services will be terminated only when a letter is received by the After Care Director. After care fees will remain in effect until this letter is received.

Snacks for the Students: All students will be provided with a daily aftercare snack. Snacks served will not contain any form of peanut products. There is no charge for the snack.

AFTER CARE

CONTRACTED PLAN A

DAYS OF THE WEEK	5	4	3	2	1
2:50 – 6:00 p.m.					
ONE CHILD	\$ 300.00	\$ 262.00	\$ 222.00	\$ 183.00	\$ 121.00
TWO CHILDREN	\$ 468.00	\$ 420.00	\$ 363.00	\$ 302.00	\$ 211.00
THREE CHILDREN	\$ 617.00	\$ 562.00	\$ 484.00	\$ 403.00	\$ 283.00

CONTRACTED PLAN B

DAYS OF THE WEEK	5	4	3	2	1
2:50 – 4:30 p.m.					
ONE CHILD	\$ 190.00	\$ 177.00	\$ 159.00	\$ 137.00	\$ 106.00
TWO CHILDREN	\$ 307.00	\$ 293.00	\$ 266.00	\$ 233.00	\$ 185.00
THREE CHILDREN	\$ 406.00	\$ 390.00	\$ 357.00	\$ 313.00	\$ 250.00

SERVICES REQUIRED

Plan A: **Contracted 2:50 – 6:00 p.m.**

Number of Days _____

Number of Children _____

Cost per month _____

Days of the Week: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Plan B: **Contracted 2:50 – 4:30 p.m.**

Number of Days _____

Number of Children _____

Cost per month _____

Days of the Week: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

NAME OF STUDENT _____ GRADE 2017-18 _____

NAME OF STUDENT _____ GRADE 2017-18 _____

NAME OF STUDENT _____ GRADE 2017-18 _____

I certify that I have reviewed this information and that I understand it.

SIGNATURE _____ Date _____

Please check:

_____ Included is my \$70.00 per family registration fee.