

St. Anthony Study Hall Program Registration Contract for November 2017

THIS CONTRACT MUST BE COMPLETED EACH MONTH AND RETURNED WITH YOUR PAYMENT

AGREEMENT BETWEEN THE ST. ANTHONY STUDY HALL PROGRAM AND

FOR UPCOMING STUDY-HALL SERVICES MADE THIS _____ 20__.

(Parent or Guardian Signature)

As required by the contract, the client must pay the provider in full for the study hall services by **November 1, 2017.**

Child's Name _____ School _____ Grade _____

Parent/Guardian Name: Mom _____ Dad _____

STUDY HALL HOURS - Before Care 6:30 AM - 9 AM - After Care 2:15 PM- 6:30 PM

1. **Circle** the days your child will attend: **November 2017- 15 - School Days – 4 Full Days – 1 Half day SJS, SJO – 1 Half day all schools**

Before Care

Mon	Tues	Wed	Thurs	Fri
		1	2	3
6 Closed	7 FD	8 FD	9 FD	10 FD
13	14	15	16	17
20	21	22	23 Closed	24 Closed
27	28	29	30	

After Care

Mon	Tues	Wed	Thurs	Fri
		1	2	3 HD-SJO
6 Closed	7 FD	8 FD	9 FD	10 FD
13	14 HD-SJS	15	16	17
20	21	22 HD – All	23 Closed	24 Closed
27	28	29	30	

(Calculate the number of days your child will attend. Place the number of days and amount due in #2 below.)

Reminder – NO CREDIT CAN BE GIVEN FOR ABSENCES OF ANY KIND. CREDIT FOR STORM DAYS WILL BE ADJUSTED THE FOLLOWING MONTH.(See #5 below)

	# Children	X	# Days	X	Cost	Total
Before Care		X		X	\$7.00	
Aftercare		X		X	\$12.50	
Aftercare-Additional Child Discount		X		X	\$10.00	
Half Day		X		X	\$10.00	
Full Day		X		X	\$40.00	
Subtotal						
5% Discount if paid on or before <u>October 20</u>						
Subtotal						
Bus fee (Per Family basis)						\$25.00
					Total	

****Half Day Care is \$10.00 PLUS \$12.50 per day aftercare, for a total of \$22.50 per day (if child is picked up before 3:30PM, it is only \$10.00).. Make check payable to *St. Anthony Study Hall Program* and return check with completed registration form. (Once a check has bounced all future payments will only be accepted by cash, money order or bank check, a \$35 bounced check fee will be charged.) We accept VISA, MasterCard and Discover**

3. PAYMENT MUST BE IN FULL by the 1st of the month. Please make a copy of your registration form. Your canceled check is your receipt. **We will do payment arrangements on a case by case basis. Receive a 5% discount on your total if paid in full by October 20th (excluding bus fee)****

4. Please call 732 634 6800 between 9am and 3pm to notify Study Hall Program if your child will be absent from Study Hall on any given day or will not be returning to the program next month. **There is NO credit or refunds for absent days.**

5. Credits will be given for Snow Days based on what you paid. If registered but did not prepay, the days will be removed from your total due, no credit is given.

6. **Late Registration Fee:** If the month is not paid by the **1st of the month** your child is due to participate in the program, there will be a **\$25 late fee.** **If the month is not paid in full on or before the 5th of the month,** your child will not be able to participate in the program until the balance is paid. **Payment arrangements are available. This will be STRICTLY ENFORCED.**

***There is a \$25 late pick up fee per child for every 15 minutes after 6:30PM your child is not picked up. ***

Office Use Only

School Notified

Check# _____	Amount paid:	Balance Due:	Rec'd	QB	DB
Charge Cash					