

**THE NOTRE DAME OF DALLAS SCHOOLS
2017-2018 EXTENDED DAY PROGRAM CONTRACT**

In consideration of the Notre Dame of Dallas Schools, Inc. providing extended day care for your student as stated below for the 2017-2018 school year, I, the parent or guardian of the student, do agree to the following:

1. I agree to pay an annual **\$25.00 registration fee** for the Extended Day Program and to provide the school with a fully completed enrollment form. I understand this fee is applicable if I plan on using this service as a drop in. **The monthly fee will be billed through FACTS.**
2. I understand the cost is **\$1,900.00** per year paid over 10 months.
3. I understand there is a drop in fee of **\$15.00** per day for students not using the service full time.
4. I agree to pay a monthly fee of \$190.00 or \$15.00 per day for drop in service. If payment is not received by last date of the month in which services are provided, student will not be able to attend until full payment is received. All drop in service must be scheduled no later than one day in advance of the day in which you intend to use the service. If my student is picked up between 6:00PM and 6:15PM, I agree to pay a late fee of \$10.00. This fee will be assessed and is due immediately. If my student is picked up later than 6:15 he/she will no longer be allowed the use of the day care facilities.
5. I understand that if my student is enrolled in the Extended Day Program, I am required to pay the weekly fee even if my student is ill or otherwise unable to attend.
6. That if I become delinquent for more than one (1) month, my student will be dropped from the Extended Day Program.
7. That if this contract is not signed and returned to school **with the registration fee** on or before **July 15, 2017**, the school will not be obligated to honor this contract.
8. I delegate responsibility of my student's care and control to the Extended Day Program Coordinator of Notre Dame School. I will not hold the school or the staff liable for any accident or injury to my student resulting from conditions or circumstances beyond their control.
9. I agree to provide the staff information regarding any food allergies and provide a snack alternative if my student is unable to eat the snack given.

For the safety of all concerned, parents must come into the school to pick-up their child.

All childcare charges must be paid according to the agreement for the student to be allowed in the after school program.

I understand that this contract is not valid until accepted by the school; that this contract contains the entire agreement between the school and myself; and that any changes to this contract must be in writing.

Name of Parent/Guardian_____

Name of Student_____

Address_____ Phone_____

Signature of Parent/Guardian

Date

Signature of Principal

Date

Please complete information on the back of this page

NOTRE DAME SCHOOL - EXTENDED DAY PROGRAM - ENROLLMENT FORM

Extended Day Program must be used on a regular basis. Complete the form only if you plan to use the program.

Hours: 3-6 PM - Fees: \$190.00 per month or \$15.00 per day for drop in service. There will be a \$10.00 late fee when your student is picked up between 6 PM and 6:15 PM. Parent will be billed for Day Care fees on first day of each month. Fees must be paid no later than the last day of each month. If Day Care fees are not paid by the end of each month, your student will not be allowed to use our Day Care facilities until payments are current. The fee will begin 3:15 PM.

Please mark if you are full time or drop in only. \$25.00 Registration fee applies to both.

Daily attendance _____ Drop In Only _____

Name of Student: _____

List food allergies: _____

List any health/medical problems: _____

My child will be picked up by: ___ Parent only or ___ Other: _____

Please list names of people who are allowed to pick my child up (other than parents):

Name: _____ Phone #: _____

Address: _____

Driver's License: _____ Business/Cell Phone # _____

Description: _____

Name: _____ Phone #: _____

Address: _____

Driver's License: _____ Business/Cell Phone # _____

Description: _____

Parent's Signature:

Mother _____ Date _____

Father _____ Date _____

Emergency Phone Numbers:

Father: Home # _____ Mother: Home# _____

Work # _____ Work # _____

Cell Phone _____ Cell Phone _____

ANY CHANGE IN CONTACT INFORMATION MUST BE REPORTED TO THE EXTENDED CARE STAFF IMMEDIATELY.