

**CARDINAL LACROIX ACADEMY
AFTER SCHOOL PROGRAM REGISTRATION - 2020-2021**

1. Please fill out this form.
2. Select your payment option on page 2 of this form.
3. Sign and return both forms (registration & agreement) before student starts program.

Please Print

Student(s) Name:

Grade 2020-21

1. _____	_____
2. _____	_____
3. _____	_____

Parent/Guardian:

Afternoon Phone

1. _____	_____
2. _____	_____

Others Allowed to Pick Up Child

Name

Relationship to Child

Afternoon Phone

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Upon receipt of registration, you will be provided with the
Cardinal Lacroix Academy Extended Care Program Handbook.

**CARDINAL LACROIX ACADEMY AFTER SCHOOL PROGRAM
PAYMENT AGREEMENT 2020-2021**

Please read options carefully. Sign and return to the school office.

PART-TIME PLAN: If you plan on only utilizing the program on a “drop in” basis for a few days each week you may pay the daily rate. Each day your child attends the program you will be charged the daily rate. Attendance records/sign out sheets are used to determine amount owed.

FULL-TIME PLANS –WEEKLY OR MONTHLY: Payment is for attendance in Program on any/all days school is in session (excluding ASP for early dismissal days) payable in 36 installments **OR** 9 monthly installments **regardless of absences or number of school days that month.** Weekly and monthly options reflect discounted rates.

AFTER SCHOOL PROGRAM:
ASP Option #1 PART- TIME <input type="checkbox"/> \$16.00 day - 1 Child <input type="checkbox"/> 25.00 day - 2 Children <u>Payments to the office by Friday of each week.</u>
ASP Option #2 FULL-TIME <input type="checkbox"/> \$65 week - 1 Child (\$2340 yearly) <input type="checkbox"/> \$100 week - 2 Children (\$3600 yearly) <u>Parents are responsible to make 36 payments.</u>
ASP Option #3 FULL-TIME <u>Parents are responsible to make 9 monthly installments.</u> Choose payment method below: <input type="checkbox"/> I choose to pay directly to the school the by first Friday of each month (Sept. – May). <input type="checkbox"/> I choose to pay using F.A.C.T.S. online (automatic withdrawal). ____ \$240 month - 1 Child (\$2160 yearly) ____ \$360 month - 2 Children (\$3240 yearly)

LATE FEES: The After School Program ends promptly at 5:30 PM
Chronic late pick-up can result in your child’s dismissal from the program. After three late pick ups, your child may be asked to leave the program. <u>LATE PICK UP: +\$5.00 if child is picked up 5:30- 5:40;</u> <u>+\$1.00 every minute after 5:40</u>

*I agree to the above chosen payment plan(s). I understand that the total yearly amount (paid weekly or monthly) is due regardless of absences or days school is not in session. If I choose to use FACTS, I may incur a \$43 yearly fee to enroll. **I agree to make timely payments and am aware that if more than 2 weeks overdue, my child(ren) will not be able to participate in the program until my account is current.***

Name of responsible party (Please print) _____

Signature _____ Date _____