

St. Thomas Aquinas Parish School Before and After Care Program Agreement Statement

I understand and agree to the following:

1. A Registration and Equipment Fee is due at the time of enrollment of \$35 per family per year and is considered non-refundable.
2. I will pay for **all** the days my **child is enrolled** regardless of attendance. I understand my bill is based on the number of days each week as stated on my commitment schedule even if he/she is **absent due to illness, weather, snow days, vacation, or any other reason.**
3. Due Dates: Child Care fees are due by the 5th of the month for that month. You will receive a bill by the last day of the previous month.
5. Late Payment Fees: payment not received by the 15th of the month may be assessed a \$15.00 late fee.
6. If by the 15th day after the due date I have not made my payment, my child may be dismissed from the program unless I have made special payment arrangements with the Program Director and signed a contract.
7. Any check returned to S.T.A. due to non-sufficient funds will be assessed a \$10.00 fee. Subsequent payment from the family must be made by certified check or a money order.
8. Late Pick Up Penalty – if a child is picked up late from their enrolled program a fee of \$5.00 for **every** 5 minutes beyond the scheduled closing time may be assessed. **I will be billed for this charge.**
9. Please make checks payable to *St. Thomas Aquinas-BAC*. Payments may be made in person to the School office or by mail to:
St. Thomas Aquinas Child Care, 915 Alton Road, East Lansing, MI 48823.
10. I will notify the center in writing, two (2) weeks in advance concerning the withdrawal of my child from the Center. The two (2) weeks will commence **upon receipt of written notice** by the School office. I am responsible for the fees during these two (2) weeks, even if my child is not in attendance.
11. **It is the policy of St. Thomas Aquinas Parish that all accounts (child care, school tuition, and parish contributions) must be paid in full or current, to continue the services of the Before & After Care Program.**
12. In case of injury, my insurance/medical coverage will cover the emergency medical fee.
13. Each day my child(ren) must be signed in and out. If my child is absent, I will notify the center. My child will not attend the center when he/she is ill. If my child becomes ill while attending the center, I will pick him/her up in a reasonable amount of time.
14. If an alternate person is to pick up my child, I will notify the center in writing.
15. The Director reserves the right to determine a child's readiness for participation in the Before and After Care program. A determination will be made within one (1) month of entrance into the program.
16. My child may lose his/her position in the program if we cannot meet the developmental needs of the child.

Parent Signature

Date

updated 8/4/15