

Saint Benedict Catholic School

Extended Day Option

I am electing for my child _____ to participate in the Extended Day program as indicated below and for the fees set forth in the Tuition Contract.

Morning Care

_____ Drop-in
_____ Annual Agreement

After School Enrichment

_____ Drop-in
_____ Annual Agreement

Billing account options

_____ Same FACTS account as tuition
_____ Separate FACTS account

Installment choice (Annual Agreement only)

_____ One installment in September
_____ Ten installments (September - June)
_____ Twelve installments (July - June)

I/we understand that I/we will be billed through FACTS for all extended day charges. I/we understand that if I/we choose an Annual Agreement, I/we must pay the fee in full except in the event of involuntary loss of employment, job transfer, death of one of the responsible parties or dismissal of the student. I must notify the business office in writing and provide proof of unemployment, job transfer, or death of one of the responsible parties. The date the notification is received by the Business Office will be the date use for pro-ration.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____