

To be filled out by OFFICE only.

Registration Fee paid:  Procare  Credit Card

Cash  Check # \_\_\_\_\_



6161 Chambersburg Rd., Huber Heights, OH 45424

237 – 3523

• P (937) 237-3526

• F (937)

# SAP SCHOOL YEAR TUITION AGREEMENT

Child's Last Name

Child's First Name

DOB

Grade Entering

**Registration Packet must be submitted along with the registration fee of \$50.00 per family. A child is not considered to be enrolled in the program until the registration fee is received.**

Tuition reflects the School Year, August to May. Tuition is based on attendance. Non-School Day is a full-day program when St. Peter School is closed. Tuition is billed through Procare (app/web). The Summer Camp Program is billed separately.

**Please sign and date agreeing to the tuition fees and terms as outlined below.**

Program	Rate
Before ONLY (Monday - Friday) 7:00am -8:30am	\$13.00 per day
After ONLY (Monday - Friday) 3:00pm – 6:00pm	\$16.00 per day
Delay Days 7:00am – 10:30am	\$16.00 per morning
Non-school days 7:30am – 5:30pm	\$35.00 per day

1. Tuition is billed weekly to your Procare account on Monday and is due by Friday 6:00pm for the previous week.
2. Payments that have not been received by Friday 6:00pm will have a \$10.00 late fee charged to the account.
3. Outstanding tuition fees including co-pays may result in termination of services.
4. A \$25.00 NSF fee will be charged for any returned fee payments. The payment will then be required to be made via cash or credit card.
5. A late fee of \$25.00 for the first 5 minutes and a \$1.00 per minute thereafter is charged after 6:00pm (5:30pm for Non-School Day). This must be paid no later than a week after the late pick-up occurs. If it is not paid on time, services may be suspended until payment is made.
6. On rare occasions, it may be necessary to close or delay the opening of the program. Please check **Facebook and Procare** account for closing or delay information.

I understand that failure to abide by the financial policies set forth by St. Peter ECC/SAP may result in termination of services and that I may be reported to a collection agency for any outstanding fees.

Signature

Date

Signature

Date

Parent Name (please print)

Parent Name (please print)

Address (Street Number, Name, Zip)

Phone Number

Address (Street Number, Name, Zip)

Phone Number

Email

Email