

# 2018-2019 PRE-SCHOOL TUITION CONTRACT

10956 SE 25th Avenue, Milwaukie, Oregon 97222 USA | 503-654-0200 School Office | 503-654-8419 Fax



**STEP 1** Student Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

*Circle the class your child will be in:*

- Half Day — T & Thurs
- Half Day — M, W & F
- Half Day — M-F
- Full Day — M, W & F
- Full Day — M-F

## 2018-2019 Tuition Rates

DAYS PER WEEK	MORNING (8:15-11:30)	FULL DAY (8:15-3:15) Wednesday (8:15-2:15)	REGISTRATION FEES
Tuesday & Thursday	\$2,180		\$200 per student
Monday, Wednesday & Friday	\$2,997	\$3,891	\$200 per student
Monday-Friday	\$4,578	\$6,485	\$200 per student

## STEP 3 Select registration fee & tuition options

### REGISTRATION FEE:

o **Option 1:** Registration fee (\$200 per student) **due with the return of this completed contract.**

o **Option 2:** I would like to roll my registration fee into my FACTS Tuition Management Account.

### TUITION OPTIONS

#### o PLAN A:

We would like to create a payment plan through FACTS Tuition Management., or continue with current plan.

#### o PLAN B:

We would like to pay tuition in full with check or cash by September 28, 2018. Paying in full by this date will provide us with a 1.5% discount.

#### o PLAN C:

We would like to pay tuition in full with a credit card by September 28, 2018.

**(VISA/MASTERCARD/AMEX/DISCOVER)**

*\*10% discount for each additional child in pre-school.*

**STEP 2** Parent(S)/Guardian(S) information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**BOTH SIDES OF THIS FORM MUST BE COMPLETED**

# CONTRACT AGREEMENT

I/We have read this contract, and agree to the terms and conditions stated. I/We also agree to pay St. John the Baptist Catholic School the tuition specified. I/We further agree to abide by the school policies and regulations as outlined in the school’s Parent/Student Handbook and any addendums added by the principal, pastor or SAC. I/We also agree that if this note is placed in the hands of an attorney or collection agency for collection, I/We promise and agree to pay holder’s reasonable fees and collection costs even though no suit or action is filed hereon; however, if a suit or action is filed, the amount of such reasonable fees shall be fixed by the court or courts in which the suit or action, including any appeal therein, is tried, heard or decided. I/We agree to all provisions as indicated above.

**We at St. John the Baptist Catholic School admit students of any race, color, national and ethnic origin and gender to all rights, privileges, programs and activities generally accorded or made available to all students. St. John the Baptist Catholic School does not discriminate on basis of race, color, national or ethnic origin in areas of administration of education policies, administration policies, financial assistance, athletics or other school administered programs.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## SJB Preschool Extended Care

The Preschool Extended Care is offered by St. John the Baptist Catholic School. Care takes place in the Preschool and is limited to 10 students in each session. The students have access to games, art projects, free play, as well as outside activities (weather permitting). Students must provide their own snack. Care is offered every full school day and regularly scheduled Wednesday early release at 2:15 p.m. Care will not be offered on school half-days, holidays, teacher in-service days, Christmas vacation, Spring Break, or during the summer.

**REGISTRATION FEE:** There is a \$50.00 registration fee per family.

**After School Care:** M, T, Th, F: 3:30 – 4:30; Wed: 2:30 – 4:30

**Fee:** \$5.00 per hour or any portion therein

**Late Charges:** If you arrive to pick up your child after 4:30 pm you will be charged an additional \$1.00 per MINUTE /per child.

Fees for participating students are billed monthly for the hours used at our program.

**Pick-up for After School Care:** Students must be signed out by their parent or an authorized person on the *SJB Emergency form*. Your child will not be released to anyone other than those noted on the *SJB Emergency form* unless the School Office and the Preschool teacher is advised. Anyone picking up your child, even those listed on the *SJB Emergency form*, should bring photo I.D. and be prepared to show it if they are not recognized by staff. This is a safety policy that is intended solely to protect your child.

*Please check below which days you will be needing care:*

### After School Care

Monday	Tuesday	Wednesday	Thursday	Friday

*For Administrative use ONLY:      Registration Fee                      Paid/method*