

# The Academy of Our Lady of Peace

99 South Street, New Providence, NJ 07974  
Phone 908-464-8657 Fax 908-464-3377

## Before and After Care Program PARENT CONTRACT AGREEMENT

An agreement between \_\_\_\_\_ and The Academy of Our Lady  
(Parents' Names)  
of Peace for the provision of before and/or after school care services to:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(First Child's Name) (Second Child's Name) (Third Child's Name)  
for the school year beginning September 2009 and ending June 2010 between the hours of:

### Program Rate:

Before Care: 7:15 – 8:15am (Part/Full-time) \_\_\_\_\_ (included with AfterCare Programs)

After Care: 3:00–6:00pm (Part/Full-time) \_\_\_\_\_ (paid in advance, 4 quarterly payments)  
(See chart below)

### Drop-In

Before Care: 7:15–8:15am (Drop-in) \_\_\_\_\_ (payment due at drop off -- \$8.00 per hour)

Aftercare 3:00-6:00pm (Drop-In) \_\_\_\_\_ (payment due at pick up -- \$8.00 per hour)

on full session school days, except half-day sessions before holidays, school vacations, or emergencies when school is closed. (Please consult the school calendar for dates involving half days.)

### ELIGIBILITY

I understand that my child(ren) must be enrolled in the academic program (Pre-K 4 PM through Grade 8) for the 2009-2010 school year at The Academy of Our Lady of Peace in order to be eligible to enroll in the before and after school care program.

### COST OF CARE

The cost of aftercare will be based upon usage (see chart below) per child for the school year plus a \$40.00 non-refundable registration fee per family. If my child is registered for part/full-time after care with payments made quarterly in advance and I wish to register him/her for before care the cost is included with no additional fee.

If I choose to use the before or after care services on a drop-in basis, the registration fee per family is \$25.00, (this must be paid during the registration period) and the drop-in cost is \$8.00 per hour for each child.

### FEE PAYMENT

I agree to pay a fee for the full-time and part-time service according to the schedule below. I understand this is for each child in the program and the payment must be made prior to receiving services. I have INDICATED THE NUMBER OF DAYS PER WEEK.

(Check one)

5 days/week _____ \$2100/year \$525 quarterly	4 days/week _____ \$1680/year \$420 quarterly	3 days/week _____ \$1260/year \$315 quarterly	2 days/week _____ \$840/year \$210 quarterly
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*The Academy of Our Lady of Peace*

Before and After Care Program

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**PAYMENT MUST PRECEDE SERVICES OR SERVICES WILL NOT BE PROVIDED. The Four Payments are due as follows: September 10<sup>th</sup>, November 1<sup>st</sup>, February 1<sup>st</sup>, and April 1<sup>st</sup>.**

**FORM OF PAYMENT**

I agree to pay by cash, check or money order (check made payable to The Academy of Our Lady of Peace). In the event payment by check is returned to School for insufficient funds, I agree to pay the processing charge. Upon request, a receipt will be issued.

**ABSENCE**

I understand that no reduction in my fee will be made for my child's absence due to illness, vacation holidays, emergencies, when school is closed or in attendance at another after school activity which makes it impossible for the child to be at the after care program.

**WITHDRAWAL**

I agree to give the school at least one week's advance notice before withdrawing my child from the program, and I understand that the quarterly payment is non-refundable.

**LATE FEE**

I understand that the after school program ends promptly at 6:00pm daily. In addition to my regular fee, I agree to pay, in cash, a late fee at the time of pick-up: \$2.00 per minute, per child for the first 15 minutes and \$3.00 per minute, per child for each minute there after that my child remains at the School after 6:00pm. I understand that my child will not be readmitted to the program if the late fee is not paid. I understand also that the school may suspend after care services if my child is picked up late more than four (4) times in one year. The school may terminate the after care service if my child is picked up habitually late.

The School reserves the right to make an administrative decision not covered in this contract should the need arise.

**SIGNATURES**

The above terms are understood and agreed to, and I am enrolling my child(ren) in the after school care program pursuant to this Agreement.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

# The Academy of Our Lady of Peace

## Before and AfterCare Program

Registration 2009-2010

Family Name \_\_\_\_\_

Child \_\_\_\_\_ Grade \_\_\_\_\_ Child \_\_\_\_\_ Grade \_\_\_\_\_

Child \_\_\_\_\_ Grade \_\_\_\_\_ Child \_\_\_\_\_ Grade \_\_\_\_\_

Registered For: Drop-In \_\_\_\_\_ Before and/or AfterCare (Payment at time of Services)

Part/Full Time 5 days \_\_\_\_\_ 4 days \_\_\_\_\_ 3 days \_\_\_\_\_ 2 days \_\_\_\_\_ (discount rate)

Home Address \_\_\_\_\_ -  
\_\_\_\_\_

Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_  
\_\_\_\_\_

In case of emergency list people to be contacted **if the parents cannot be reached:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**\*\*Proper ID must be shown to pick up child.**

Authorized signature(s) of person(s) who will pick up your child:

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_  
\_\_\_\_\_

For Office Use Only:

Status: Full time \_\_\_\_\_ Number of Days 5 4 3 2 Drop-in \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_