



Maternity of Mary
Saint Andrew
CATHOLIC SCHOOL

2016- 2017
MMSA Catholic School
Kindergarten through 8th grade
Extended Day Contract

Student Name _____

(one form per student)

An Extended Day Program(s) MUST be selected.

BEFORE SCHOOL		
Kindergarten – 8 th grade Before School Extended Day (6:45-7:40 a.m.) <i>Please mark the appropriate option and circle the requested days:</i>		Yearly Rate:
_____ 5 days a week		\$945.00
_____ 4 days a week M T W Th F		\$765.00
_____ 3 days a week M T W Th F		\$585.00
_____ 2 days a week M T W Th F		\$360.00
_____ 1 day a week M T W Th F		\$180.00
AFTER SCHOOL		
Kindergarten – 8 th grade After School Extended Day (3:00 – 6:00 p.m.) <i>Please mark the appropriate option and circle the requested days:</i>		Yearly Rate:
_____ 5 days a week		\$1890.00
_____ 4 days a week M T W Th F		\$1620.00
_____ 3 days a week M T W Th F		\$1305.00
_____ 2 days a week M T W Th F		\$945.00
_____ 1 day a week M T W Th F		\$495.00
TOTAL TUITION DUE:		

Extended Day Contract

In consideration for the extended day services provided to my child by Maternity of Mary – St. Andrew Catholic School, I agree to pay the total tuition listed by **June 20, 2017** in accordance with the designated plan I have chosen through my TADS tuition account.

I agree to make my payment for the Extended Day Program Plan I have selected regardless if my child is ill, misses a day, or school is not in session and will follow the guidelines set forth by Maternity of Mary - St. Andrew Catholic School.

There is a \$5.00/15 minute late pick up fee after 6:00 p.m. each day.

We realize that plans may change for your child(ren)'s extended day needs. In order to plan appropriately for staffing, please alert us to any changes as quickly as possible. Drop-in care is available as space permits.

Signature

Date

Extended Day Registration Information

Complete one form for every student attending Extended Day.

Student's Name _____

Date of Birth _____

Grade in 2016-17 _____

Parent/Guardian Information: (please print)

Name

Phone

For Office Use Only:

Date _____

Program(s) _____

Rate(s) _____

Initials _____