

**MONSIGNOR CLARKE LITTLE ANGELS EARLY LEARNING
ENROLLMENT CONTRACT 2016 – 2017 YEAR**

Student Name: _____

Days Needed For Full Day: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Days Needed For Half Day AM*: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Days Needed For Half Day PM*: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

*Half Day AM is 8:30-11:30 and Half Day PM is 12:00-3:30pm

_____ I wish to reserve a place for my child at Monsignor Clarke Little Angels Early Learning Program for the 2016 – 2017 year. It is understood my child is enrolled for the program year and that **I am liable** for all payments and all other expenses incurred during the 2016 – 2017 program year.

1. The tuition rate for the 2016 – 2017 program has been determined and is below.

___ **Full Time 5 Days \$280 a week**

___ **Part Time \$70 a day**

___ **Half Day Full Time 5 Days \$200**

___ **Half Day \$50 a day minimum of 2 days**

2. **Registration Deposit:**

- \$150.00 non-refundable deposit per child is due at registration to hold the spot.

3. **Delinquent Accounts:**

- Families whose accounts are thirty (30) days in arrears will not be allowed to continue attending the program unless parents meet with administration to work out a payment plan. If there is no contact by the family to make arrangements to rectify the problem of non-payment, the child will be removed from program.

4. If a situation arises where you may have difficulty in paying any bill, please contact the principal and request a conference. The principal could authorize a separate agreement that would better suit your ability to make payments. The new agreement would supersede the prior agreement so long as the parent honors it. Your fidelity to meeting your obligations helps the school to meet theirs.

I do hereby enter into agreement with Monsignor Matthew F. Clarke School Daycare that I, the undersigned parent/guardian/3rd party payee, will comply with the program's rules and regulations and I accept those decisions made by the administration. **I recognize that this is a binding contract.**

Parent/Guardian

3rd Party Payee

Print: _____

Print: _____

Signature: _____

Signature: _____

Address: _____

Address: _____

Telephone #: _____

Telephone #: _____

**THIS REGISTRATION FORM/ENROLLMENT CONTRACT MUST BE RETURNED TO
MONSIGNOR CLARKE SCHOOL WITH A \$150.00 DEPOSIT PER CHILD.**