



**Extended
Care
Contract
2021-22**

Fees and Charges:

REGISTRATION FEE:	\$55 PER CHILD
CHANGE OF CONTRACT FEE:	\$15.00
LATE PAYMENT FEE:	5%
EXTRA HOUR CHARGE:	\$8.50/hr (or partial hour)
AFTER 6PM PICK-UP CHARGE:	\$5 per minute

The "Monthly Payment" is based on an annual discounted rate charged over nine months (Sept - May); there is no Monthly Payment due for June. The Registration Fee, 1st Monthly Payment, and any extra charges are due via FACTS on the 20th of the month following receipt of a signed contract. Subsequent monthly payments and charges are due on the 20th of the month via FACTS, including June 20th for any outstanding balance.

Please choose Monthly Plans that suit your family's needs for the Extended Care Program.

	Monthly Payment	Plan Code
Mon until 6PM	\$83	M
Tues until 6PM	\$83	T
Thurs until 6PM	\$83	W
Wed until 3PM	\$64	TH3
Wed until 6PM	\$136	TH6
Fri until 6PM	\$73	F
Breakfast	\$135	B
Every day until 6PM	\$400	E
Every day plus Breakfast 7:00a.m.	\$505	EB

TK-8

➔ Contracted Monthly Payments will be charged through FACTS and are due on the 20th of the month. Payment for extra hours not covered under the contract will be charged at the hourly rate of \$8.50/hour and are also due on the 20th of the month. They will be invoiced as "Incidental Charges". If payments are not made by the due date a 5% late fee will be assessed in FACTS.

➔ Written notification to the school office is required by the 15th of the month to cancel or change a contract, effective the 1st of the following month.

➔ If a student is picked up after 6PM, an assessed fee of \$5 per min late will be charged in FACTS.

STUDENT NAMES:	Grade/ Room #	Plan Codes	Please indicate time student will be picked up if before 6PM)		Monthly Payment
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

I agree to pay St. John Vianney Catholic School the Registration Fee(s) and contracted amount for the plan(s) I have chosen and to abide by the rules of the Extended Care Program. I agree to pay all additional, non-contracted, extra hour charges, and late fees, which will be withdrawn via FACTS.

I will pay the contracted total Monthly Payment of \$ _____ Start Date: ____/____/____

Parent Signature

Family ID#

Today's Date: ____/____/____