

St. Anthony Study Hall Program Registration Contract for January 2019

THIS CONTRACT MUST BE COMPLETED EACH MONTH AND RETURNED WITH YOUR PAYMENT

AGREEMENT BETWEEN THE ST. ANTHONY STUDY HALL PROGRAM AND

FOR UPCOMING STUDY-HALL SERVICES MADE THIS _____ 20__.

(Parent or Guardian Signature)

As required by the contract, the client must pay the provider in full for the study hall services by **January 1, 2019.**

Child's Name _____ School _____ Grade _____

Parent/Guardian Name: Mom _____ Dad _____

STUDY HALL HOURS - Before Care 6:30 AM - 9 AM - After Care 2:15 PM- 6:30 PM – Half days as needed

1. **Circle** the days your child will attend: **January 2019- 21 - School Days –1 Half day for SJS**

Before Care

Mon	Tues	Wed	Thurs	Fri
	1 Closed	2	3	4
7	8	9	10	11
14	15	16	17	18
21 Closed	22	23	24	25
28	29	30	31	

After Care

Mon	Tues	Wed	Thurs	Fri
	1 Closed	2	3	4
7	8	9	10	11
14	15	16	17	18
21 Closed	22	23	24	25
28	29	30 – HD - SJS	31	

HAPPY NEW YEAR

(Calculate the number of days your child will attend. Place the number of days and amount due in #2 below.)

Reminder – NO CREDIT CAN BE GIVEN FOR ABSENCES OF ANY KIND. CREDIT FOR STORM DAYS WILL BE ADJUSTED THE FOLLOWING MONTH.(See #5 below)

2.

	# Children	X	# Days	X	Cost	Total
Before Care		X		X	\$8.00	
Aftercare		X		X	\$11.00	
Register for BOTH Before and Aftercare then Aftercare is:		X		X	\$10.00	
Aftercare-Additional Child Discount		X		X	\$9.00	
SJS Half Day 1/30		X		X	\$5.00	
Subtotal						
5% Discount if paid on or before Dec 21						
Subtotal						
Bus fee (Per Family basis)						\$30.00
					Total	

****Half Day Care is \$5.00 PLUS \$11.00 per day aftercare, for a total of \$16.00 per day (if child is picked up before 3:30PM, it is only \$5.00).** Make check payable to *St. Anthony Study Hall*, with a completed registration form. (Once a check has bounced all future payments will only be accepted by cash, money order or bank check, a \$35 bounced check fee will be charged.) We accept VISA, MasterCard, American Express and Discover

3. **PAYMENT MUST BE IN FULL** by the 1st of the month. Please make a copy of your registration form. Your canceled check is your receipt. **We will do payment arrangements on a case by case basis. Receive a 5% discount on your total if paid in full by December 21 (excluding bus fee)****

4. Please call (732) 634-6800 between 9am and 3pm to notify Study Hall Program if your child will be absent from Study Hall on any given day or will not be returning to the program next month. **There is NO credit or refunds for absent days.**

5. Credits will be given for Snow Days based on what you paid. If registered but did not prepay, the days will be removed from your total due, no credit is given.

6. **Payment arrangements are available. This will be STRICTLY ENFORCED.**

There is a \$25 late pick up fee per child for every 15 minutes after 6:30PM your child is not picked up.

Office Use Only

School Notified

Check# _____					
Charge Cash	Amount paid:	Balance Due:	Rec'd	QB	DB