**We are blessed to have you as part of our**

**Holy Angels family for 2020-2021**

**Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class to be enrolled: 2 Year Old Program**

**Part Day Hours: 8:30am – 10:30am**

**MWF classes OR T TH classes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Early**  **Childhood Center** |  | **9 Month Payment Plan**  **Beginning September 2020** | **Cost Per Year Based on**  **Payment Plan** | **Paid in**  **Full Price**  **(\*nonrefundable)** | **Please Initial to Indicate Agreement** |
| Includes |  |  |  |  |  |
| * Ages 2 | 3 Part Day MWF | $200.00 | $1800.00 | $1700.00 |  |
| 8:30am to 10:30am |  |  |  |  |  |
|  | 2 Part Day T TH | $150.00 | $1350.00 | $1250.00 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 3 Days of Part Time Instructions = 96 days (MWF) in session.  September 2, 2020 through May 31, 2021 |  |  |  |  |  |
| 2 Days of Part Time Instruction = 69 days ( T, TH) in session.  September 1, 2020 through  May27, 2021 |  |  |  |  |  |
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| **Additional Costs** |  | **9 Month Payment Plan**  **Beginning**  **September 2020** | **Cost Per Year** | **Paid in**  **Full Price**  **(\*nonrefundable)** | **Please Initial to Indicate Agreement** |
| Registration per Child  *(includes Holy Angels Council, former Technology Fee and Textbook/Supply Fees)* | \*Nonrefundable | - |  | $100 per child |  |
| Multiple Child Discount |  |  | - | - |  |
| New Student Referral  *(may be split if multiple families referred)* | $50 per registered referral | - | - | - |  |
| Optional: Private Music Lesson Convenience Fee | N/A | - | - | - |  |
| Optional: Opt Out  All Fundraising | \*Nonrefundable |  |  | $100.00 |  |
| Optional: Opt Out  Family Volunteer Requirement –10 hours | \*Nonrefundable |  |  | $100.00 |  |
| **Fees** |  | **9 Month Payment Plan**  **Beginning**  **September 2020** | **Cost Per Year Based on Payment Plan** | **Paid in**  **Full Price**  **(\*nonrefundable)** | **Please Initial to Indicate Agreement** |
| Early Termination of Schooling Fee | Prior to official last day of the school calendar, for any reason | - | $100 | - |  |
| Late Tuition Fee | Received after 11AM of the 1st Friday of each month | - | $25 per child enrolled | - |  |
| Returned Check/ Insufficient Funds Fee |  | - | $40 | - |  |
| Credit Card Usage Fee |  | - | 4% of amount | - |  |

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 2**

(New families only): Were you referred here by another family? If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand the tuition, payments, and fees for my child to be enrolled at Holy Angels of the Hudson Valley as outlined on page one and two of this contract. I understand delinquent accounts are subject to expulsion of the student from Holy Angels and may be directed to an outside collection agency.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Copy of Birth Certificate** | **Official Copy of Immunizations** | **Copy of Physical**  **completed within one year of enrollment** | **Registration Form Completed** |
| **Registration Fee Submitted** | **August Payment Submitted** | **Application Referred to Committee for Possible Tuition Grant/Work Study**  **Y or N** | **Notes:** |