



AFTER SCHOOL ENROLLMENT FORM

Day(s) needed for After School care: Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____

3-4:30pm 3-6pm

Child(ren's) Name(s) _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

In an emergency, who is to be called first: (circle one) Mother Father Other _____

Mother's Name _____ Work Phone _____

Home Phone _____ Cell Phone _____

E-mail _____

Father's Name _____ Work Phone _____

Home Phone _____ Cell Phone _____

E-mail _____

I consent that the staff at the Blessed Sacrament School After School Program may authorize the physician or his/her choice to provide emergency care in the event neither I nor the family physician can be contacted immediately.

Parent's Signature: _____ Date _____

Additional people authorized to pick-up your child/ren:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____



The following terms and conditions apply to all students:

1. After School Care payments will be due according to the terms of this agreement. The school reserves the right to assess interest charges on delinquent accounts at the rate of 1.5% per month. A \$30.00 fee will be charged for returned checks and drafts. All necessary expenses incurred while attempting to collect overdue payments shall be included in the parent's responsibility.
2. Suspension of enrollment may be invoked as deemed necessary and appropriate by the administration of the school.
3. Parents acknowledge that they have read and understand the After School Care policies adopted by Blessed Sacrament School and agree to comply with these policies.

Agreement For Payments (Debit)

1. Number of Payments during the School year (check one):
One Pmt (Sept 4st) Two Pmts (Sept 4 & Jan 4th) Ten Pmts (Sept 4^t thru June 3
2. Payment Type
Monthly Draft Monthly Check/Cash
3. Payment Date:
 - a) One payment due September 4st.
 - a) Two payments due September 4st & January 4th
 - b) After School Care Draft is the 1st business day of the month from September through June
 - c) First payment date: Month _____ Year _____
4. Payments:
 - a) Total After School (PreK-8) _____ Amount of each After School Care Payment _____

I desire to budget after school care payments to Blessed Sacrament School through FACTS Management Company. I authorize FACTS Management Company to establish automatic payments from my account as identified in this agreement, and in accordance with this agreement and until the total balance owed to Blessed Sacrament School has been paid in full. I understand that any changes to my account draft must be made by me through FACTS Management Company.

I understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying FACTS Management Company.

NAME (Party responsible for paying tuition) Date

AUTHORIZED SCHOOL SIGNATURE Date