

Notre Dame des Victoires Extension Program

659 Pine Street, San Francisco Ca. 94108 / ndvep@ndvssf.org

NDVEP/JHAS CONTRACT AGREEMENT 2021-2022

I. PARTIES INVOLVED

This Agreement is between Notre Dame des Victoires Extension Program/Junior High after School Program and Mr. / Mrs. / Ms. _____

(Print or Type)

The Parents / Guardians wish to enroll their child / children in the NDV Extension Program/Junior High after School Program for the 2021-2022 school year.

Names and Grades of Child / Children

(Print or Type)

II. DEPOSIT

The deposit of \$350.00 (per family) is due with this signed agreement form, in order to reserve a place in the Program.

The deposit is **NON-REFUNDABLE** if the child / children leave the Program.

III. PAYMENTS

Tuition is paid through the FACTS tuition program. Payments for August 2021 through May 2022 for NDVEP/JHAS tuition will be withdrawn at the same time that regular school tuition is deducted from your account through FACTS. Yearly tuition is \$2,400.00

\$205.00 a month will be deducted for one child.

\$421.00 will be deducted for two children.

\$637.00 will be deducted for three children.

There is a 10% discount for the second and third child in a family participating in the NDVEP/JHAS program

IV. PICK-UP

Children may be picked up at 659 Pine Street any time **from 4 pm. to 6 pm.** by their parents or those designated by parents or guardians on the Emergency Form. Before 4 pm., children are to be picked up at the main office. There is no teacher stationed at the upper door entrance to the school until 4 pm. **There is absolutely no parking or stopping on Pine St. from 4 pm. until 6 pm.** Parents may either walk to pick up their children or park at a nearby garage. **There is no parking available in the school lot at any time. The lot is reserved for clergy, faculty and staff.**

V. LATE PICK-UP

Late pick-ups cause a hardship for both the student and staff. In order to minimize an inconvenience to both parties, **children who are picked up after 6 pm. more than two times during the school year will be dropped from the program.** In addition, parents will be charged a late fee of \$25.00 for each quarter hour or part thereof after 6 pm.

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VI. TERMINATION:

This agreement will be in effect for the entire 2021-2022 School Year.
Either party, the Parent or Guardians, or NDVEP/JHAS can terminate the Contract.

Termination by Parents - Written notice to the Director of NDVEP/JHAS giving the date of termination. (Deposit is NON-REFUNDABLE).

Termination by the Program - 1. Non-payment of fees when due.

2. Picking up a child or children after 6 pm. more than two times during the school year.

3. A decision on the part of the NDVEP/JHAS Director and staff that the Program cannot meet the Child/Children's needs or should student not behave accordingly to Student Handbook.

CONTRACT AGREEMENT WILL BECOME EFFECTIVE UPON:

I. Payment of deposit

II. Completion and signing of this Fee Agreement form

Parent/Guardian

Date

NDVEP/JHAS Program Director
Maria Hoyt

Date

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EMERGENCY FORM (Please completely fill out)

| Student's Last Name | First Name | Grade | Birthdate |
|---------------------|------------|-------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Mother _____ Does your child have a phone? Yes__ No__

Home _____ Cell _____ E-mail _____

Father

Home _____ Cell _____ E-mail _____

Guardian

Home _____ Cell _____ E-mail _____

Illness, accident or leaving school premises:

In the event of serious illness or accident, when I cannot be reached I wish one of the following to be notified: family member or friend

| Name | Address | Telephone |
|----------|---------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

If one of the above cannot be reached, I wish my child to be taken to the hospital.

Yes _____ No _____ Or to: _____

Hospital _____ Telephone _____

Doctor's name and telephone:

Special instructions: Specify here and on the reverse side any allergies or physical limitations and any medications currently taken.

Parent's business address and telephone

Mother's Last Name First Name Work address and phone number

Father's Last Name First Name Work address and phone number

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My child _____ has permission to walk or take public transportation on certain days. **This pertains to Middle School Students only.**

I understand that he/she will leave at dismissal time, **but will check in first to the Extension Program before leaving School Campus.**

No child will be released without permission via e-mail or written note from the primary parent.

Names of adults, who are authorized to pick up my child in case an emergency.

If a court order prohibits our release of your child to the non-custodial parent, **a copy of the court order must be on file in the Main Office and your signature required here**

Signature of parent or Guardian / date

Signature

Date

Names of adults specifically **prohibited** from picking up my child.

