**NDVEP/JHAS CONTRACT AGREEMENT 2020-2021**

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 2020-2021 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 Payments for August 2020 through May 2021 for NDVEP/JHAS tuition will be withdrawn at the same time that regular school tuition is deducted from your account through FACTS.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 $2,300.00

$195.00 a month will be deducted for one child.

$402.00 will be deducted for two children.

$609.00 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.

VI. TERMINATION:

This agreement will be in effect for the entire 2020-2021 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

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Parent/Guardian Date

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NDVEP/JHAS Program Director Date

Maria Hoyt

**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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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.

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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.

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