



2 Year Old Program Tuition Agreement 2017-18

Child's Name: _____ Date of Birth: ____/____/____

Parent's Name: _____ Phone: _____

Email: _____ Campus: SMA / SDS

I understand there is a non-refundable preschool registration fee of \$100.00* per family, which must be submitted with this form along with a completed enrollment form. If also enrolling a K-8 student, my family will pay the \$200 HCA family registration fee. I agree to pay the monthly tuition in the amount designated for the number of days and extended days I have selected, upon admission into the program. ***Early registration (received by March 1st) is \$75.00.**

Your child can attend our 2-year-old program, 2–5 days per week through our flexible scheduling program. Extended afternoons are available until 3:00 p.m. for \$17.00 per day if only wanted occasionally. Lunch will be included in the full day 2-year-old program.

	(7:15) 8:30-11:45am	(7:15) 8:30-3:00pm	AFTERCARE TILL 6:00 PM
2 days	\$155 monthly	\$315 monthly	\$4.00 per hour billed separately
3 days	\$235	\$470	
4 days	\$315	\$625	
5 days	\$390	\$780	

August tuition will be half the monthly rate, aftercare is billed separately. Tuition will be collected through the Holy Cross Academy's SMART tuition program. Tuition is collected July–April on the 5th or 20th of the month. Families should contact the business office to arrange payment schedule. HCA may use an outside service to collect unpaid tuition.

DAYS REQUESTED: Please indicate which days, extended day and aftercare will be needed with an (X). Early arrival is from 7:15 until 8:30 a.m. No additional fee for early arrival. All 2 year olds should arrive by 8:30 a.m.

		EXTENDED DAY	AFTERCARE	APPROX. PICK-UP
Monday	____ (7:15) 8:30–11:45am	____ (7:15) 8:30–3:00pm	____ 3:00–6:00pm	____ pm
Tuesday	____ (7:15) 8:30–11:45am	____ (7:15) 8:30–3:00pm	____ 3:00–6:00pm	____ pm
Wednesday	____ (7:15) 8:30–11:45am	____ (7:15) 8:30–3:00pm	____ 3:00–6:00pm	____ pm
Thursday	____ (7:15) 8:30–11:45am	____ (7:15) 8:30–3:00pm	____ 3:00–6:00pm	____ pm
Friday	____ (7:15) 8:30–11:45am	____ (7:15) 8:30–3:00pm	____ 3:00–6:00pm	____ pm

____ The days and hours I have requested are flexible, but are my first choice.

____ The days and hours I have requested aren't flexible because of my current work schedule.

You will be notified if the days and hours requested are available, or if your family is on a waiting list.

Parent/Guardian Signature: _____ Date: _____

*Form must be submitted with the Preschool Program Enrollment Form

FOR OFFICE USE

____ Date Received Check Number: _____
____ Registration Fee Amount Paid Name on Check: _____
____ HCA family with K-8 student

updated 1/25/16

