



2 Year Old Program Tuition Agreement 2019-20

Child's Name: _____ Date of Birth: ____/____/____
 Parent's Name: _____ Phone: _____
 Parent's Address: _____ City/State/Zip: _____
 Email: _____ Campus: SMA / JP2 / OLP

I understand there is a non-refundable preschool registration fee** of \$100.00 per new family, which must be submitted with this form and a completed registration form. If also enrolling a K-8 student and preschooler, family will pay the \$200 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.
 Your child can attend our 2 year old program, 2 – 5 days per week with our flexible scheduling program. Occasional extended afternoons can be scheduled if available until 3:00 p.m. for \$20.00 per day. Lunch is included in the full day 2 year old program. Students can arrive between 7:15 – 8:30 am daily at no additional fee. **Early registration prior to March 1 is \$75.00 per family.

	(7:15) 8:30–11:45 am	(7:15) 8:00–3:00 pm	AFTERCARE TILL 6:00 pm
2 days	\$175 monthly	\$355 monthly	\$5.00 per hour billed separately
3 days	\$265	\$530 Lunch included	
4 days	\$355	\$700	
5 days	\$440	\$875	

Tuition is figured for the year (9.5 months x monthly rate) and divided over 10 equal payments from July –April. Tuition will be collected through an outside company, SMART tuition. A yearly fee is charged to families from SMART for using program. Families should enroll in SMART tuition prior to June 1, Holy Cross Academy school code: 11686. Families can pay the total tuition prior to June 30 for a 2% discount. Contact the Business Manager for yearly total. Aftercare is billed separately and won't be included on SMART. 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 from 7:15 until 8:30 a.m. All 2 year olds should arrive before 8:30 a.m.

		EXTENDED DAY	AFTERCARE	APPROXIMATE PICK-UP
Monday	___ (7:15) 8:30–11:45 am	___ (7:15) 8:30–3:00 pm	___ 3:00–6:00 pm	___ pm
Tuesday	___ (7:15) 8:30–11:45 am	___ (7:15) 8:30–3:00 pm	___ 3:00–6:00 pm	___ pm
Wednesday	___ (7:15) 8:30–11:45 am	___ (7:15) 8:30–3:00 pm	___ 3:00–6:00 pm	___ pm
Thursday	___ (7:15) 8:30–11:45 am	___ (7:15) 8:30–3:00 pm	___ 3:00–6:00 pm	___ pm
Friday	___ (7:15) 8:30–11:45 am	___ (7:15) 8:30–3:00 pm	___ 3:00–6:00 pm	___ 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.
 ___ I am willing to move to another campus, if the program is full at my first choice campus.
 You will be notified by email 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 1/24/19