

**Sacred Heart Catholic School
Schedule A
Daycare Payment Plan Enrollment Form**

All payments are due on either the 10th or the 25th of the month by automatic deduction, and will be considered past due if returned unpaid. A late fee of \$25.00 may be charged monthly on all past due accounts. In the event that an account is turned over to collection because of non-payment, Sacred Heart Catholic School reserves the right to add any and all collection fees, interest, court costs and/or legal fees to the balance is due.

In the event the student withdraws from daycare, daycare charges will be pro-rated based on the number of days the student attends in the month withdrawn. **A two week written** notice to the Director is required. All balances owed to the school will then be due immediately. If there has been an overpayment, the amount of the overpayment will be refunded to the parent(s)/guardian(s) named below. There are no refunds or reductions for days that are missed.

| PARENT/GUARDIAN INFORMATION | | | |
|------------------------------------|--------------------------------|--------------------|-------|
| _____ | _____ | | |
| Father's Name | Mother's Name | | |
| _____ | _____ | | |
| Fathers Social Security Number | Mothers Social Security Number | | |
| _____ | _____ | | |
| Address | City | State | Zip |
| _____ | _____ | _____ | _____ |
| Home Phone | Fathers Work Phone | Mothers Work Phone | |
| _____ | _____ | _____ | |

STUDENT INFORMATION

| Student Name | Boy/Girl | Grade | Age |
|---------------------|-----------------|--------------|------------|
| | | | |
| | | | |
| | | | |

PAYMENT INFORMATION

All day care payments must be auto-deducted from a bank account.

DUE DATE:

10TH

25TH

All Drop-in billing will be Auto-deducted on the 10th of each month.

There are no refunds or reductions for days that are missed

ACCOUNT INFORMATION:

Auto-deduct from my account: Monthly

Semi-Monthly

Daycare Amount \$ _____

Attach a voided check to this schedule.

By signing this contract you agree to the terms and conditions stated.

Signature of Parent or Legal Guardian

Printed Name

Date

For Office Use Only:

Fees

| | |
|---|--|
| Registration | |
| | |
| Daycare collection Fee | |
| <u>Auto -Deduct</u> | |
| Monthly Amount Date | |
| Semi-Monthly Amount Date | |