Acknowledgement of Acceptance

Family Name					
THIS AGREEMENT is made and entered into this day of, 20, by and between Sacred Heart Catholic School and the parent(s) / guardian(s) herein referred to as Parents. We, parents, desire to enroll the following child / children into Sacred Heart Catholic School Daycare for the school year 2023-2024. We hereby accept full responsibility for payment of tuition and fees for these children. We jointly and severally promise to pay to Sacred Heart Catholic School the amounts indicated at the scheduled due dates according to the payment plan selected by us and shown on Schedule A, which is an integral part of this agreement. There are no refunds or reductions for days that are missed.					
	Time From to Grad		e Teacher		Boy/Girl
Days to Atte Monday		Wednesday	Thursday	Friday	Drop in
List Day	ycare Participants O	nlv		(<u>T</u>	wo or three times a month only)
Name of Chil	d(ren) being E	nrolled	Nick Name	Birth Date	Religion
First M	Middle Last	<u>. </u>			
All families registration available. Please con • • •	understand that fees are paid, a nplete all for All Fees-if no Schedule A— Emergency I There are no	Sche at their children all paper work ams and retur of paid in advan with a voide FormsFill our orefunds or red	edule A Form. In are only accesis completely for with them inced will be authorized to completely ductions for da	pted for enrolilled out turned with the following to deducted 1 in if you think you that are mi	ed in and space is llowing st month of use. you have one on file
Signature of Parent or Legal Guardian			Printed Nat	me	Date