

Campbell Christian Schools

2007-2008 Extended Care Registration and Enrollment Contract

Name of Student _____ In consideration of the acceptance of this contract by Campbell Christian Schools for the 2007-2008 Extended Care Program (August 2007 – June 2008), the undersigned agrees to pay the required tuition and fees as specified below.

Instructions: Select a Plan by placing a check in the space provided next to the Plan Options. You may also select a part-time option. To determine your monthly part-time cost multiply the monthly fee by: (.85 for the 4-days) (.67 for the 3-days) (.49 for the 2-days) (.31 for the 1-day). Part-Time plans cover minimum days only when a student's plan includes that day of the week.

Morning Plan Option	Annual Fee	5 Day Plan Monthly Fee	<u>Part-Time Plans</u>										
			Circle	Circle	Circle	Circle							
			Number of Days	Number of Days	Number of Days	Number of Days							
Plan 1	Morning EC Needed (7:00-7:45)	\$537.00	\$59.66	4	3	2	1	M	T	W	T	H	F

Afternoon Plan Option	Annual Fee	5 Day Plan Monthly Fee	<u>Part-Time Plans</u>										
			Circle	Circle	Circle	Circle							
			Number of Days	Number of Days	Number of Days	Number of Days							
Plan 2	Afternoon Only (2:50-3:30)	\$805.00	\$89.44	4	3	2	1	M	T	W	T	H	F
Plan 3	Afternoon Only (2:50-4:00)	\$1160.00	\$128.88	4	3	2	1	M	T	W	T	H	F
Plan 4	Afternoon Only (2:50-4:30)	\$1522.00	\$169.11	4	3	2	1	M	T	W	T	H	F
Plan 5	Afternoon Only (2:50-5:00)	\$1879.00	\$208.77	4	3	2	1	M	T	W	T	H	F
Plan 6	Afternoon Only (2:50-5:30)	\$2236.00	\$248.44	4	3	2	1	M	T	W	T	H	F
Plan 7	Afternoon Only (2:50-6:00)	\$2684.00	\$298.22	4	3	2	1	M	T	W	T	H	F

Morning Care \$ _____
Afternoon Care \$ _____ **Total \$** _____

I understand my obligation to pay the fees according to the arrangement selected above. I understand that monthly payments are due in the school office on the 1st of each month. After the 10th a late charge of \$25.00 will be assessed. A fee of \$15.00 will be assessed for checks returned for non-sufficient funds. Failure to make tuition payments may result in dismissal of the above student. I understand that the fees for each plan are calculated on an annual basis and are divided into nine (9) equal monthly payments. Five-day Plans two (2) through (13) thirteen cover after school days including all minimum (half) days (excluding last day of school). Part-time Plans cover minimum days only if a student's plan includes that day of the week. I understand that if I pick my child up later than the time indicated on the plan selected, I will be charged the "Drop In" rate of \$6.00. This rate is computed on an hourly basis. If a student attends any part of an hour, he/she is charged for the entire hour. **When a child is picked up after 6:10 p.m., a \$1.00 fee will be assessed for every minute beyond that time.**

Tuition and Extended Care payment guarantees my child's place in the Extended Care Program. Therefore, no tuition credit or make-up days will be given for any reason (except as stated below). Tuition remains the same whether or not my child attends. If I wish to withdraw my child from the program, I am required to notify the director by giving a written notice at least two (2) weeks in advance. If a student attends any part of a month, he/she will be charged for the entire month. **Any changes to the plan will be effective on the first of each month. Request for change must be made in writing, signed and turned into the office by the end of the previous month.**

Extended Care will be open fifteen (15) non-school days during the school year. (Teacher In-Service) October 11,12 (Christmas Break) December 21& January 2 (Winter Break) February 19,20,21,22 (Teacher In-Service) March 7 & 14, (Spring Break) March 24,25,26,27,28, Day Care for these days is NOT included in any Extended Care Plan. I may reserve a place for my child by completing a Holiday Registration Form and pre-paying fees for the days requested.

I agree to carry adequate medical insurance. I understand that assessments may be added to cover damage to school property, including abuse of books caused by my children.

I understand that in signing this Enrollment Contract, I am agreeing to accept the rules and regulations of Campbell Christian Schools as stated in the current Parent-Student Handbook and the statements as referred to above. I (we) understand and agree to the terms of this contract.

Signature of Parent/Guardian _____

Date _____

<input type="checkbox"/> Change of Extended Care Plan <input type="checkbox"/> Cancel Ex-Care	Effective Date ____/____/_____ _____ Signature of Parent/Guardian
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