AFTER SCHOOL ENROLLMENT FORM

Day(s) needed for After School care: Mon. ____ Tues. ____Wed. ____Thurs.____ Fri.____

Please Check One: Drop-In 3-4:30pm 3-6pm

Child(ren's) Name(s) _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

In an emergency, who is to be called first (circle one) Mother Father Other _____

Mother's Name _____ Work Phone _____

Home Phone _____ Cell Phone _____

E-mail _____

Father's Name _____ Work Phone _____

Home Phone _____ Cell Phone _____

E-mail _____

I consent that the staff at Blessed Sacrament School after School Program may authorize the physician of his/her choice to provide emergency care in the event neither I nor the family physician can be contacted immediately.

Parent's Signature: _____ Date _____

Additional people authorized to pick-up your child/ren:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

CLUB KNIGHT S.M.A.R.T. Afterschool Program

The following terms and conditions apply to all students:

After School Care payments will be due according to the terms of this agreement. The school reserves the right to assess interest charges on delinquent accounts at the rate of 1.5% per month. A $30.00 fee will be charged for returned checks and drafts. All necessary expenses incurred while attempting to collect overdue payments shall be included in the parent's responsibility.

Suspension of enrollment may be invoked as deemed necessary and appropriate by the administration of the school.

If your child is sick and is absent from attending afterschool, fees are not refundable.
Please let the office know if your child care situation changes.

FACTS Payment Agreement

(Check your payment of choice)

1. **One Payment** (Sept 4) - Total payment for After School Care $ _____
   (via FACTS, CASH CHECK)

2. **Two Payments:** Half payment due Sept 4 & Jan 4th $_____
   (via FACTS, CASH CHECK)

3. **Monthly Draft (Facts)**
   Monthly Draft is the 1st business day of the month from September through June

   Amount of Draft $_____

I desire to budget after school care payments to Blessed Sacrament School through FACTS Management Company. I authorize FACTS Management Company to establish automatic payments from my account as identified in this agreement, and in accordance with this agreement and until the total balance owed to Blessed Sacrament School has been paid in full. I understand that any changes to my account draft must be made by me through FACTS Management Company.
I understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.
I have the right to stop payment of a debit entry by notifying FACTS Management Company.

Parents acknowledge that they have read and understand the After School Care policies adopted by Blessed Sacrament School and agree to comply with these policies.

Signature _____ Date _____

If not paying through above FACTS program, check the payment of choice below:

. **4. Monthly payment:** - Cash Check Credit Card (3% fee will be added)