

**St. Bernard  
After School Care  
Enrollment and Responsibility Agreement 2017-2018**

Family Name \_\_\_\_\_

Children \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Full time \_\_\_\_\_

Part Time M T W TH F

Other Option (explain): \_\_\_\_\_

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**Rates: Full Time**

One child \$2655 (\$295/month)

Two children \$3420 (\$380/month)

Three + children \$3996 (\$444/month)

**Permanent Part Time**

\$20 per day for one child

\$30 per day for two children

\$38 per day for three + children

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I \_\_\_\_\_ agree to remit \$ \_\_\_\_\_ per month/day for childcare. **I will make nine payments at the first of the month starting in September and ending in May.** This agreement is viewed as a binding contract between St. Bernard After School Care and the above parent or guardian. I understand that my child/children will not be able to attend the after school care program if my payments are more than 30 days past due.

Signature \_\_\_\_\_ date \_\_\_\_\_

A **\$50 registration** fee must be paid at time of registration. **This fee is nonrefundable.** Make checks payable to St. Bernard ASC.

Paid by: check \_\_\_\_\_ # \_\_\_\_\_ cash \_\_\_\_\_ charge \_\_\_\_\_ Date \_\_\_\_\_



