

**Saint Philip Preparatory School**  
**SAC (Student After Care)**  
**After Care Program**  
**Enrollment Agreement 2018-2019**

Child(ren) to be enrolled \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

The **SAC Program** is an extended care program provided by the school, for students in grades Pre-Kindergarten through 8. It is held at the school on regularly scheduled school days from 3:00pm – 6:00pm. (After School). The fees outlined below must be paid in full on a monthly basis as billed.

**SAC Program Fee - \$10.00 per hour Per Child**

**Agreement :**

- \_\_\_\_\_ 1. I AGREE to enroll my child in the SAC Program at Saint Philip Preparatory School.
- \_\_\_\_\_ 2. I REALIZE that by enrolling my child(ren) in the SAC Program, I am expected to make payment in full to the school as billed. A \$10 late fee will be added to my account if payments are not made by the 15<sup>th</sup> of the month. Failure to comply will result in exclusion from the Program. Cancelled checks must accompany payment discrepancies.
- \_\_\_\_\_ 3. I UNDERSTAND that a \$15 fee will be charged for the first fifteen minutes or any part in-between and a \$5 fee will be charged every fifteen minutes thereafter that I am late in picking up my child after closing time (6:00pm).
- \_\_\_\_\_ 4. I UNDERSTAND that I must pick up my child(ren) no later than 6:00pm. If this is not possible, I will find another member of my family to do this or my child will not be allowed to continue attending the Program.
- \_\_\_\_\_ 5. I UNDERSTAND that my child(ren) must adhere to the policies and procedures of the *Saint Philip Preparatory School Handbook* during the SAC Program. Failure to comply with all disciplinary policies and procedures of the *Saint Philip Preparatory School Handbook* will result in exclusion from the Program.
- \_\_\_\_\_ 6. I UNDERSTAND that if for any reason my child(ren) will not be staying in the SAC Program, I will send a written note with proper instructions.
- \_\_\_\_\_ 7. I UNDERSTAND that it is my child(ren)'s responsibility for their personal belongings during the SAC Program.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

