St. Stephen Academy 1718 N. Walnut Ave. La Puente, Ca. 91744 (626) 918-0796

Child's Name:			
(Last)	(First)	(Date of Birth)	
Office Use Only: Enrollment Date:	, Starting Date:	, Family Code:	
Classroom: Schedule: M	, T, W, TH, F Part OR Ful	I time	
RES	ERVATION AGREEMEN	Т	

RESERVATION AGREEMENT Preschool Academic Year 2020-2021

In consideration of the acceptance of the <u>nonrefundable</u> \$200.00 registration fee per student, this agreement by St. Stephen Academy, the undersigned agrees to pay required fees as indicated on this and the reverse of this page. This registration fee will include the processing fees, materials, and books for the academic year for those enrolled. The undersigned will abide and agree to all terms and conditions on agreement. Families receiving government subsidy funding are responsible for any unpaid balance not paid by agency for failure to properly complete forms, registration not paid by agency and Mandatory Family Fees.

I understand that tuition must be paid in advance. The method of tuition payment is FACTS Tuition Management Program. Payments are due by the 5th or 20th of the month (depending on the FACTS agreement). If tuition is not paid, you will receive disenrollment notice for non-payment. Continuing students will maintain the FACTS tuition payment method. New students will pay by check or money order until FACTS is processed and established. There is a \$25 fee for returned checks. In this event, your tuition account must be brought current by the 25th of the month and paid by cashier's check or money order.

Formal withdrawal must include a two week advance written notice to end this agreement.

Student's behavior and conduct, both at school and at school sponsored events, is expected to meet the standards the school established for maintaining a good atmosphere for learning. Students whose behavior and conduct consistently make it difficult to maintain a good atmosphere for learning will be subject to dismissal or denial of re-enrollment. The administration will make such decisions after careful consideration, which may include conferences with parents, teacher and student.

Tuition:

The monthly fees include breakfast, if applicable, hot lunch and afternoon snack. Church members and sibling discounts are available.

Circle your selection:

	6:30-6:30		7:30-12:00	
	Inf. /Todd	2-yrs-Pre-K	Inf. /Todd	2-yrs-Pre-K
A. F. davis a susali (84 F)	Ф005	Ф700	C C 40	Ф ГГО
A: 5 days a week (M-F)	\$925.	\$780.	\$640.	\$550.
B: 4 days a week (M-TH/T-F)	\$825.	\$685.	\$595.	\$493.
C: 3 days a week (M-W-F)	\$725.	\$580.	\$504.	\$415.

Preschool Academic Year continued

Requests for changes from one plan to another, drop-in times (6:30-8:30 AM at \$25 or 12:00-6:30 PM at \$45.) Or additional days, must have prior approval of the administration. A decision will be based on space availability and your acceptance of additional cost for drop-in times/days.

Operating Hours 6:30 am to 6:30pm: Late Pick Up IS STRONGLY DISCOURAGED: We expect each child to be picked up by your contracted hour (12:00 pm or 6:30 p.m.). Should it ever occur, your account will be automatically charged \$15.00 for each quarter hour or portion thereof. This rate is reviewed regularly, and we reserve the right to adjust it if the administration feels it necessary.

<u>Vacation of two weeks is allowed without tuition charge while still reserving your child's spot.</u> Notification of vacation tuition adjustments must be submitted by the 10th of the month so we can staff accordingly. FACTS Tuition Adjustment forms can be found on our website or can be found in front of office.

	ALL FINANCIAL OBLIGATIONS MUS ET TO BE ACCEPTED.	T BE CURRENT IN ORDER FO	OR YOUR 2020-2021	
withdrawn from you FA	_ FUNDRAISERS: Mandatory Family ent Sponsors (September-January). BacTS account when your next tuition pay at go towards the enhancement and enri	alance of funds not raised by Jar ment is due. There are other fu	nuary 15, 2021, will be indraisers that occur	
Parent/Guardian N				
	(Father/Guardiar	n) (Moth	(Mother/Guardian)	
Home Address: _ (Billing Address)	(Street)	(City and Zip Code)	(Home Phone)	
Phone Number:	(Father's Daytime)	(Father's Cell)	(Father's Email)	
	(Mother's Daytime)	(Mother's Cell)	(Mother's Email)	
such as field trips, f	nce St. Stephen Academy offers a fundraisers, special orders, etc. the canned to complete transaction.			
the rules and regula	y signing this Reservation Agreer ations of St. Stephen Academy as handbook and as referred to on	s stated in this agreement.	In addition, I am agreeing	
Parent/Guardian:				
	(Signature)	(1	Date)	
Parent/Guardian:				
	(Signature)	(1	Date)	

WELCOME TO ST. STEPHEN ACADEMY!