

**Extended Day Program Spring 2019**  
**REGISTRATION: Friday 2:00-3:30 or Saturday 12:00-2:00**

**Name of participant:**

Please check the dates you would like to register your participant below. Participants can register for a four week session or individual days. Each Friday four-week session is \$300.00 or \$75.00 per individual week. Each Saturday four-week session is \$400.00 or \$100.00 per individual week. **Registration forms are due January 11th, 2019. Payment is due Jan 25th, 2019.** Sessions must have at least three participants registered to be included on the schedule. Families will be notified of the finalized schedule by **January 22nd, 2019.**

<b>1st Four-Week Session Friday 2:00-3:30</b>	check to register	<b>2nd Four-Week Session Friday 2:00-3:30</b>	check to register	<b>3rd Four-week Session Friday 2:00-3:30</b>	check to register
Jan 25th		Mar 1st		Apr 12th	
Feb 1st		Mar 8th		Apr 19th	
Feb 8th		Mar 15th		Apr 26th	
Feb 15th		Mar 22nd		May 3rd	
<b>Total Cost:</b>		<b>Total cost:</b>		<b>Total cost:</b>	

<b>1st Four-Week Session Saturday 12:00-2:00</b>	check to register	<b>2nd Four-Week Session Saturday 12:00-2:00</b>	check to register	<b>3rd Four-week Session Saturday 12:00-2:00</b>	check to register
Jan 26th		Mar 2nd		Apr 13th	
Feb 2nd		Mar 9th		Apr 20th	
Feb 9th		Mar 16th		Apr 27th	
Feb 16th		Mar 23rd		May 4rd	
<b>Total Cost:</b>		<b>Total cost:</b>		<b>Total cost:</b>	

I/We, the parent(s) or legal guardian(s) agree to formally enroll in the Extended Day Program for the 2019 Spring semester. We have read and agree to the entirety of the tuition and fees agreement enclosed. In consideration of the acceptance of this enrollment by The Community School, each of the undersigned (jointly or severally) agrees to pay the full Extended Day program tuition.

This Enrollment Contract is binding on the participant when signed and submitted. In the event that the SP determines during the program that any part of the program is inappropriate for a participant, the SP reserves the right to adjust and/or reduce the participant's schedule and make a pro rata refund of tuition.

I/We, the above named participant, have read and understand the above contract, and will abide by the terms as stated (sign and return one copy and keep the other).

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*Signature(s) of Parent(s) or Guardian Financially Responsible for Student*

*Date*

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### **Tuition & Fees Policies**

#### **Late Fee Policy**

Invoices for tuition and other services (including hourly services, social groups, etc.) will be distributed at the 1<sup>st</sup> of every month and due on the 15<sup>th</sup> of each month. If payment is not received by the 15<sup>th</sup> of each month, late fees will be assessed.

Late fees will be assessed as follows:

- A 5% late fee will be assessed for payments not received by the 15<sup>th</sup> of each month.
- A 5% late fee will be assessed for any outstanding balances at the 1<sup>st</sup> of each subsequent month.

For outstanding balances that exceed one month, the responsible parties will be asked to meet with the Program Director and services may be discontinued.

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*Signature(s) of Parent(s) or Guardian Financially Responsible for Student*

*Date*