

# ST. CYPRIAN'S EPISCOPAL SCHOOL

1115 South John Redditt Drive - Lufkin, Texas 75904 - (936) 632-1720

*2011-2012*

## CREATIVE CARE - Enrollment Contract

Name of Student: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

In consideration of the acceptance by St. Cyprian's Episcopal School (the *School*) of the above-named Student's reservation for the 2011-2012 academic year in the Creative Care Program, I (the undersigned parent or guardian) agree to timely pay the required fees and tuition as specified below:

<b>FEES</b>					
\$25.00 - Application Fee (new students only)					
\$30.00 - Supply Fee (due at enrollment)					
Days per week <i>(Initial one)</i>		Monthly (9 pmts.)	Year (1 pmt.)	Monthly (9 pmts.)	Year (1 pmt.)
Pickup: 4:00 5:30		11:45am-4pm	11:45am-4pm	11:45am-5:30pm	11:45am-5:30pm
<u>Tuition for 3K and 4K Students (1/2 day students)</u>					
_____ Five Days a Week		\$160.00	\$1,440.00	\$200.00	\$1,800.00
_____ Four Days a Week			140.00	1,260.00	170.00
		1,530.00			
_____ Three Days a Week		115.00	1,035.00	140.00	1,260.00
_____ Two Days a Week		85.00	765.00	110.00	990.00
_____ One Day a Week		55.00	495.00	70.00	630.00
<u>Tuition for All Day 4K and 5K through 5<sup>th</sup> Grades</u>					
_____ 3:00 pm to 4:00 pm				\$ 60.00	\$ 540.00
_____ 3:00 pm to 5:30 pm				135.00	1,215.00
<u>Drop-in Basis</u>					
_____ Cost of care for one hour:		\$ 3.50			
The undersigned agrees to pay in: _____ one payment due on first day of class, August 2011;					
<del>(initial one) or _____ nine payments beginning on first day of class, August 2011.</del>					

I understand that in signing this Enrollment Contract for the coming year, I am agreeing to obey all policies, rules and regulations of the School. I further agree that this Contract may be cancelled without further obligation (except for the Application & Supply Fees) by me giving written notice received by the Head of the School on or before June 30, 2011. If I attempt to cancel this Contract or withdraw my child from the Creative Care Program after June 30, 2011, I understand and agree that I am responsible and liable for the full amount of the unpaid annual tuition specified above. I further understand that after June 30, 2011, no portion of the tuition or fees will be refunded or cancelled due to the absence, withdrawal or dismissal of my child from the School or the Creative Care Program.

I further agree to pay the total amount of the Creative Care Program tuition in one payment due by the first day of class in August 2011, or to pay in monthly payments beginning the first day of class and thereafter on or before the 11th day of each month until the total sum due is paid in full. **I agree to pay a late charge of \$25.00 each time any of my monthly payments is not received by the School by the 10th of the month in which it is due, regardless of the day of the week on which the 10th falls.** I further understand that if my child is not picked up by the 5:30 p.m., I will pay \$5.00 for each 5 minute period (or portion thereof) that I am late.

This instrument shall be interpreted in accordance with the laws of the State of Texas. Parents or guardians must sign this Contract and return it to the School Office in order to assure a position in the Fall 2011 class. This Contract shall be complete and enforceable upon execution by an authorized representative of the School.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent or Guardian

Accepted by: \_\_\_\_\_  
Head of School

Address: \_\_\_\_\_

Director's Initials: \_\_\_\_\_