

The financially responsible Parent(s) shall sign this Contract and return it to the School. A copy of the accepted contract will be returned for your records. **This Contract shall be returned to the School with the Reservation and Registration Contract not later than Monday, February 13, 2012.** Any requested changes to your Contract after this date are dependent on space available and at the discretion of the Director of After-school Programs.

EXTENDED DAY RESERVATION AND REGISTRATION CONTRACT

Name of Student _____

Grade _____

In consideration of the acceptance of this Contract by Nashoba Brooks School of Concord, the undersigned agrees to pay the required Extended Day charges based on the Schedule designated below.

I understand that **bills are due and payable by the 30th of every month and that I will be subject to a LATE CHARGE of 1% PER MONTH (12% per annum) on any amounts not paid on the due date.**

I understand that no student will be permitted to return to the Extended Day Program in September, or after Winter Vacation or Spring Vacation unless all charges, which are then due, have been paid in full.

I agree to the Extended Day Schedule noted below: **(PLEASE CHECK ALL THAT APPLY.)**

	<u>TRIMESTER 1</u>	<u>TRIMESTER 2</u>	<u>TRIMESTER 3</u>
Mon:	<input type="checkbox"/> Period 1: 12:00-3:30 <input type="checkbox"/> Period 2: 3:30-4:30 <input type="checkbox"/> Period 3: 4:30-5:45	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3
Tue:	<input type="checkbox"/> Period 1: 12:00-3:30 <input type="checkbox"/> Period 2: 3:30-4:30 <input type="checkbox"/> Period 3: 4:30-5:45	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3
Wed:	<input type="checkbox"/> Period 1: 12:00-3:30 <input type="checkbox"/> Period 2: 3:30-4:30 <input type="checkbox"/> Period 3: 4:30-5:45	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3
Thurs:	<input type="checkbox"/> Period 1: 12:00-3:30 <input type="checkbox"/> Period 2: 3:30-4:30 <input type="checkbox"/> Period 3: 4:30-5:45	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3
Fri:	<input type="checkbox"/> Period 1: 12:00-3:30 <input type="checkbox"/> Period 2: 3:30-4:30 <input type="checkbox"/> Period 3: 4:30-5:45	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 <input type="checkbox"/> Period 3

Please refer to the attached Fee Schedule to determine the amount due.

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Payment will be billed and due in advance for the trimester, based on the attached Fee Schedule. Students who have to drop-in because of an ***unforeseen emergency only*** will be billed monthly in arrears. Late pick-up fees, i.e., pick-up after 5:45 PM, will be levied at the rate of \$1.50 per minute.

I recognize that this Contract may be canceled by the undersigned Parent(s) in writing prior to: July 1, for Trimester 1; November 1, for Trimester 2; or February 1, for Trimester 3.

I understand that in the event of withdrawal, absence or dismissal of the student for any cause after payment of Trimester Fees, no portion of such Fee will be refunded or waived by the School.

The School reserves the right, at its sole discretion, to dismiss or suspend a child from the Extended Day Program or to terminate this Contract if the School authorities deem such action to be in the best interest of the School.

I have read this Contract and agree to all of the terms and conditions contained herein.

Date _____

Signatures of **BOTH** parents

Signature of financially responsible person, **if different than above**

NAME AND ADDRESS TO WHICH BILLS SHOULD BE SENT:
(Please complete and print clearly)

Telephone: _____

IF YOU WOULD LIKE TO RECEIVE AN EMAIL COPY OF YOUR STATEMENT, PLEASE PROVIDE ONE EMAIL ADDRESS BELOW:

Email Address: _____

Accepted: Nashoba Brooks School of Concord

Date _____ By _____
Lower School Head / Director of Afterschool Programs