

2009 – 2010 St. Hubert SACC Application and Fee Contract

Parent Names _____ Home Phone _____ Cell # _____

Street Address _____ City _____ Zip _____

Place of Employment (Mother) _____ Phone _____ e-mail _____

Place of Employment (Father) _____ Phone _____ e-mail _____

Names of Children Attending Program

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Schedule

_____ **Before School SACC**

_____ **After School SACC**

_____ **Full Time**

_____ **Part Time**

If you choose part time, circle the days of the week you need services:

Monday

Tuesday

Wednesday

Thursday

Friday

In signing this form, I understand that I am responsible to pay tuition by the 15th of each month (beginning September 15th) by check unless I sign up for automatic withdrawal through the school office. A \$15 late fee will be applied to my account if it is not kept up to date. My monthly cost will be determined by the schedule I register for on this form and will include all days school is in session. Days off of school will be billed separately. If I wish to withdraw my child from the program, I will give the director two weeks written notice.

Parent/Guardian Signature

Date