

**MOUNT PISGAH LOWER SCHOOL
AFTER SCHOOL PROGRAM
2019-2020 ENROLLMENT AGREEMENT**

Parent Names: _____
 Email: _____ Phone: _____
 Child Name: _____ 2019 – 2020 Grade: _____
 Child Name: _____ 2019 – 2020 Grade: _____
 Child Name: _____ 2019 – 2020 Grade: _____

Please check one:

Schedule	Tuition	Select
Full Time One Child: 5 days a week	\$455/mo	
Half Time One Child: 3 days (MWF)	\$355/mo	
Part Time One Child: 2 days (TTH)	\$260/mo	
Full Time Two Children: 5 days	\$810/mo	
Half Time Two Children: 3 days (MWF)	\$630/mo	
Part Time Two Children: 2 Days (TTH)	\$480/mo	
Three or more Children (see office)		
*Drop – In	*\$230 – 15 days After School	

Drop- In Enrollment

*Rate only available for one cycle of 15 days each semester. After 15 days, daily rate will be charged or monthly rate must be selected. There is limited availability for Drop-In Care for students who do not attend on a regular basis. This service is available to students for after-school care and requires a non-refundable check deposit of \$230 in Aug and Jan. The deposit will be applied to up to 15 days of student’s attendance in after school care. Full Day care fees will be drafted. (\$30/day After School or \$55/day Full Day Care).

Security Card

Our campus is secured during the hours of program operation with magnetic door locks that require security card access. Please indicate how many security cards you would like to purchase below:

____ (# of) Security Cards \$10.00/per card ____ I have a card, but it needs to be reactivated. Card number: _____

PLEASE READ AND INITIAL:

_____ **Exemption Notice:** I understand that Mount Pisgah is not a state licensed program, but operates under exemption, with SAIS/SACS accreditation.

_____ **Tuition & Payment Policies:** Tuition payments are payable monthly, due no later than the 1st of the month and collected via Facts. Tuition is the same each month regardless of the number of days in the month or days taken off due to illness or inclement weather closings (except for Dec and May, which will be prorated).

_____ **Dismissal Policy:** I understand the School reserves the right to dismiss any student(s) where the attitude and/or actions of student or parent/guardian are contrary to the interests of the School. The school shall, at its sole discretion, determine when such detrimental conduct has occurred and will act in its best interest. In such event, I understand that if my student is dismissed pursuant to this paragraph, I will not be entitled to any refund of tuition, and will be liable to pay any tuition or other fees, expenses, etc. still due.

_____ **Perpetual Contract Coverage:** By signing this contract, I agree that this contract is valid as long as I have my student at Mount Pisgah After School Program. I understand that should I choose to withdraw my student, I must submit a thirty day advance written notification of intent to withdraw. The withdrawal will not be dated for processing until such notification is received by the Assistant Head of the lower school.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE POLICIES, AGREEMENTS, AND PROCEDURES.

Parent/Guardian Signature: _____	Date: _____
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