



**Extended Day Program  
Kindergarten – 8<sup>th</sup> Grade Extended Day Program Contract  
2022-2023 School Year**

I understand that I am entering into a contractual agreement with Saint Andrew Catholic School's Extended Day Program and that I am obligated to pay my full extended day tuition. I also understand that if I fail to pay my tuition and fees in full by the last day of the school year that I am responsible for all collection fees, attorney fees, and court costs incurred by the school in order to collect the balance of my tuition amount. Charges will be deducted from your account **on the 15<sup>th</sup> of the month.** We will use the account information that you provide on your ACH/DEBIT agreement form.

Please initial next to the option you will be using:

\_\_\_\_\_ Full-Time \$200 per month/per child

\_\_\_\_\_ Bill according to usage of Extended Day Program Hours

**Contractual Understanding**

It is understood by the undersigned parent(s) and or guardian(s) that this is a legally binding agreement. Parents and/or guardians consent to pay in a prompt, timely manner. **It is understood that non-payment or late payment of tuition and fees will result in one or more of the following consequences:** (1) Up to a \$50.00 per month late fee, (2) Student(s) dismissal from EDP. Again, we agree to pay all penalty related costs and all collection expenses, attorney fees and costs.

\_\_\_\_\_ **Father/Guardian** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Mother/Guardian** \_\_\_\_\_ **Date**

**Student Name(s)** \_\_\_\_\_

**SAINT ANDREW CATHOLIC SCHOOL DIRECT TUITION WITHDRAWAL AUTHORIZATION FORM**

Please mark all that apply. If a separate account is needed for each withdrawal please complete separate forms.

- New Student Account
- No Change
- Change in Previous Account Information

Please **ATTACH A VOIDED CHECK.** (Do Not attach a deposit slip)

Name (as shown on bank account) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

Home Phone/ Daytime Phone \_\_\_\_\_ / \_\_\_\_\_

Student Name/ Grade \_\_\_\_\_ / \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_

**FINANCIAL INSTITUTION** \_\_\_\_\_

\_\_\_\_\_  
**TRANSIT ROUTING NUMBER**

\_\_\_\_\_  
**BANK ACCOUNT NUMBER**

I authorize Saint Andrew Catholic School to automatically deduct my monthly EDP Tuition Payments from the above referenced account. I understand that this authorization will remain in effect until I provide written notice of termination in such a time and in such a manner as to afford Saint Andrew Catholic School a reasonable opportunity to act on it (*a minimum of 7 business days' notice prior to effective date*). I understand that it is my responsibility to notify Saint Andrew Catholic School of any changes in student(s) enrollment. I understand that Saint Andrew Catholic School reserves the right to terminate this service at any time.

\_\_\_\_\_  
**SIGNATURE (Required for validation)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**DATE**

Terms of service: Debits will be made on the 15<sup>th</sup> business day of each month of each school year the student(s) is enrolled unless that day falls on a weekend or other bank holiday. In the event that the 15<sup>th</sup> falls on a non-banking day, the debit will be processed on the next available business day. Saint Andrew Catholic School is not responsible for bank account charges, NSF or other bank fees, or overdrafts caused by automatic transactions. SAINT ANDREW CATHOLIC SCHOOL will assess a \$25.00 fee on all transactions returned by the bank.