

**Holy Spirit Extended Care
Tuition Contract
2023-2024 School Year**

I/We choose to be subject to the following tuition plan:

FULL TIME PAYMENT OPTIONS

_____ **Full time (9) monthly payments** beginning August 2023 (covering August and September) in the amount of \$250 per month(per child). Payments due by the 5th of each month. A discount will be given for the December month.

PART TIME PAYMENT OPTIONS

_____ **Part time (9) monthly payments** beginning August 2023 (covering August and September) in the amount of \$15 per day per student x the amount of days. Payments may be made by cash or check made out to HSCS. Payments due with the calendar on the 30 of the previous month.

Family Name: _____
(Please print)

Address

City State Zip

Child/ren name and grade: (Please Print)	_____	Grade _____
	_____	Grade _____
	_____	Grade _____
	_____	Grade _____
	_____	Grade _____

I/We have read the tuition agreement and agree to comply with the tuition policies for Holy Spirit Catholic School Extended Day Care.

Parent Name (please print)

Parent's Signature

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Date

Director's Signature

(over)