

BASP - REGISTRATION FORM – Page 1
St. John Paul II Catholic School

Tuition is due at the first of each month following the payment schedule below. **Weekly payments will not be accepted.** To simplify the payment process we have averaged the cost over the ten months. Except for August, your monthly payment will be the same. Fees are listed for one child, two children, and three or more children. Please refer to the payment schedule below.

Please check the block which your child will be attending:

- _____ **Option A** – Morning Care only (7:00 a.m.- 7:40 a.m.)
 _____ **Option B** – Morning and Afternoon Care (7:00 a.m.- 6:00 p.m.)
 _____ **Option C** – Afternoon Care only (Dismissal – 6:00 p.m.)

September 1 st – May 1 st Monthly Fees Due:				August 17th Monthly Fees Due:			
Block	1 Child	2 Child	3+Child	Block	1 Child	2 Child	3+Child
A	\$75	\$75	\$75	A	\$55	\$55	\$55
B	\$325	\$300	\$280	B	\$165	\$155	\$145
C	\$300	\$280	\$260	C	\$155	\$145	\$135

Emergency Care Rates Per Child:

Regular Dismissal Days: \$10 for the first 15 min. (3:45-4:00) and \$20 from (4:00-6:00)
Early Dismissal Days: \$10 for the first 15 min. (2:45-3:00) and \$30 from (3:00-6:00)

Tuition Payment Due Dates:

August 17	September 6	October 4	November 1	December 6
January 4	February 7	March 7	April 4	May 2

Any tuition that is not paid by the last day of the first full week of the month in which it is due will result in a \$20 late fee. If tuition is not paid in full by the end of the second full week, the child shall be automatically suspended from the program. Reinstatement may occur when all fees have been paid.

- _____ I need a monthly receipt for my fee payment **
 _____ I DO NOT need a monthly receipt – just a yearly one.

**** If you do not choose an option, it will be assumed that you will use your cancelled check as a receipt.**

I understand and will follow the tuition payment schedule listed in the BASP Handbook. My signature indicates that I have received, read, and agree to be governed by the St. John Paul II Catholic BASP Handbook. **Please sign, date, and return this page to the BASP Director.**

 Parent's Signature

 Date

 Print Parent's Name

 Student's Name

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St. John Paul II Catholic School

Family Name _____ Family ID # _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Home Phone (____) _____ Email _____

Address _____ City _____ Zip _____

Father's Name _____ Cell Phone (____) _____

Place of Employment _____ Work Phone (____) _____

Mother's Name _____ Cell Phone (____) _____

Place of Employment _____ Work Phone (____) _____

Insurance Company _____

Policy # _____ Phone (____) _____

Emergency Contact _____ Phone (____) _____

Parent's Name Printed

Parent's Signature

Date

The program closes at 6:00p.m. Parents whose children remain past 6:00 p.m. must pay the overtime fee of \$2.00 per minute per child in cash immediately to the caregiver.

Please refer to the BASP Handbook at the end of the Parent/Student Handbook, for a complete explanation of the BASP.

BASP Emergency Care Statement
St. John Paul II Catholic School

Date _____ Time _____ Amount _____

Family Name _____ Family ID # _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Staff Signature _____

Parent Signature _____ Date _____

EXCEPTION TO DEPARTURE PROCEDURES FORM

This form is for special exceptions to the procedures authorized on the student's enrollment card.

(Name of child) _____ has permission to leave the St.

John Paul II Catholic School BASP Program on (date) _____.

(Name of person picking up child) _____ will be

responsible for my child after he/she leaves the BASP Program. I understand that the staff will request a photo identification from this person before my child is released to his/her care.

Date

Signature of Parent/Guardian