

# SAINT BERNADETTE SCHOOL-EXTENDED DAY PROGRAM (EDP)

70 University Blvd. East, Silver Spring MD 20901 • 301- 593-0357

## 2022 - 2023 EDP FINANCIAL CONTRACT



Name of Student(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Grade: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Grade: \_\_\_\_\_

In consideration of the acceptance of the above student(s) by Saint Bernadette School, the undersigned jointly and severally agree to pay the following EDP fees for the full year. I (we) understand that, in signing this agreement, for the 2022-2023 academic year, my (our) obligation to pay EDP tuition for the full academic year is unconditional and that after 9/1/2022, no portion of such payment, paid or outstanding, will be refunded or cancelled in the event of absence, withdrawal, or dismissal of any of the above mentioned students. There will be a fee of **\$50 for Change of Plans**. Please return/email ([tuition@stbernadetteschurch.org](mailto:tuition@stbernadetteschurch.org)) the signed form back to **Jackie Nguyen** or at the address above (Rectory Office) along with **\$100** Yearly Registration Fee even if you use **Drop in**.

*Please choose PLAN (s) and write total amount per year at the bottom of chart. Rates are per child.*

			MORNINGS		AFTERNOONS	
I	FULL WEEK * (incl. ½ days)	✓	\$ 1,200.00	✓	\$ 3,600.00*	
II	4 DAYS * (includes ½ days)		\$ 1,000.00		\$ 3,000.00*	
III	3 DAYS * (includes ½ days)		\$ 800.00		\$ 2,500.00*	
IV	2 DAYS * (includes ½ days)		\$ 600.00		\$ 1,800.00*	
V	1 DAY		\$ 300.00		\$ 1,000.00*	
IV	HALF DAYS ONLY		n/a		\$ 500.00*	

# of children \_\_\_\_\_ x service requested = Grand Total \$ \_\_\_\_\_

# of children \_\_\_\_\_ **DROP IN ONLY = \$50 per use/child (AM or PM) will be billed via Paypal by HoopEd.**

I (we), \_\_\_\_\_, agree to pay in full the above total amount or pay through the TADS Tuition Program beginning in July 2022 and ending in April 2023 according to the dates and amounts of each payment as indicated on the Payment Agreement. I understand by choosing my plan I am making a commitment for the entire school year, September 2022 to June 2023, regardless of my children's attendance. I understand that Holydays, Holidays and days off have already being considered in the rates.

I (we) understand that by signing this Contract, I (we) agree to accept all the rules and regulations of Saint Bernadette School as presented in the Parent Handbook and the Extended School Program Handbook and /or as initiated or amended throughout the course of the year, provided by the school.

I (we) understand that if any EDP payment is in arrears, the student(s) named above may be denied permission to attend the program and/or to graduate, report cards may be retained and that no records will be transferred until full payment is made. I (we) also understand that the Monthly Plan will assess my account a \$40.00 penalty fee for each overdue payment. I (we) also understand that, in case of failure to pay due to insufficient funds, I (we) will have to pay a non-sufficient funds fee of \$35.00, assessed by the financial institution.

I (we) understand that it is a violation of this contract to close the account from which automatic transfers are made without thirty days prior written notice to the Saint Bernadette School Tuition/Finance Office and signing a new Automatic Funds Transfer Form. If such a violation occurs, Saint Bernadette School has the right to deny the student(s) permission to attend the EDP Program until the remaining payments and fees are paid in full.

I (we) understand that Saint Bernadette School may elect to employ a third party to collect all outstanding debts and all fees received by such collection will become part of my (our) outstanding obligation.

**Signatures of Responsible Parties (Parents or Legal Guardian)**

**Father's Signature** \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother's Signature** \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_  
Seal \_\_\_\_\_ Pastor's Signature