St. Andrew's Academy
Extended Day Contract
August 2007 – June 2008

Date _____

I, _____,contract with St. Andrew's Academy for the Extended Day Program
(parent name)

as follows: *Circle Day(s)*

Before School	M	T	W	Th	F
After School	M	T	W	Th	F
Before & After School	M	T	W	Th	F

beginning on _____. Child's Name _____
(date)

I understand this to be a contract for:

Before School Only:	After School Only: (Snack included)	Before & After School: (Snack included)
5 Days/Week		
$125.00 Monthly	$270.00 Monthly	$356.00 Monthly
4 Days/Week		
$100.00Monthly	$216.00 Monthly	$284.00 Monthly
3Days/Week		
$75.00 Monthly	$162.00 Monthly	$213.00 Monthly
2 Days/Week		
$50.00 Monthly	$108.00 Monthly	$142.00 Monthly
1 Day/Week		
$25.00 Monthly	$54.00 Monthly	$71.00 Monthly
**********	**********	**********
**Additional Day		
$8.00 Daily	$15.00 Daily	$22.00 Daily

Terms of Contract

1. No credits will be issued for illness, holidays, or days the school may be closed. The monthly payments have been structured to compensate for monthly variations in the number of school days, holidays, and any other days the school may be closed. For families with an Extended Day Contract, there will be no charge for the few days of August or the first week of June. Extended Day will not be available on early dismissal days. A school calendar will be provided.
2. Fees are due monthly, on or before the fifteenth (15th) of each month (September through May.) Fees not kept current are reason for immediate termination of contract. In the event of emergencies, arrangements must be made with the Director of Admissions, Lower School Director, or Head of School.
3. Fees include an afternoon snack each day.
4. The availablility of space for added days is at the discretion of the Extended Day Supervisor. Any day other than a contracted day is considered an additional day.
5. **The following late fees are assessed if a child is not picked up by 5:30pm. 1 – 15 minutes=$20, 16-30 minutes=$40, etc.**
6. **Late fee is per child. The clock in the extended day room will be used to determine the late fee amount.**

Signed _____

Address _____ **Phone** _____
(Street Address) (City) (State) (Zip)

_____
(Director)

ST. ANDREW'S ACADEMY, 900 Stillwater Road, Mahtomedi, MN 55115
(651) 379-5299