

2012-2013 CONTRACT

St. Joseph Early Education
Irene Tiefenthaler- Director
503 Edith Street
Missoula, MT 59801
(406)549-7648

Name of Parent or Guardian (Primary): _____

Address: _____ City: _____

State: _____ ZIP Code: _____ Phone: _____

Email addresses: _____

Name of Parent or Guardian (Primary): _____

Address: _____ City: _____

State: _____ ZIP Code: _____ Phone: _____

Email addresses: _____

Is there a Parenting Plan in Place? _____

Are there custody/contact restrictions? _____

(If so, a copy must be supplied to EEP upon accepted enrollment)

Name of Child(ren) Enrolled: _____ Birthdate: _____

1. _____

2. _____

Do you intend to enroll this child in Kindergarten at SJS in the future? Yes No

Catholic: Yes No Parish Affiliation _____

Authorized Adults for Drop Off and Pick Up:

Please list all adults authorized to drop off or pick up your child. Only the people listed on this contract will be allowed to drop off or pick up your child. Please revise the contract to document any changes.

NAME

PHONE

Parent / Student Handbook Agreement In consideration of my child (ren) attending Missoula Catholic Schools, I agree that the Administration and Support Staff have the right to expect that all children and parents will comply with the terms, principles, rules and regulations, as outlined in the Parent / Student Handbook. As a condition of attending the Catholic school, each family is responsible for a tuition obligation. Failure to communicate or remit tuition may result in student dismissal. I acknowledge that if, in the opinion of the School Administration, student or parental behavior, actions, or words interfere with the teaching, learning, mission, environment, or reputation of the Catholic school, the school reserves the right to dismiss the student and/or dissolve its relationship with the family.

Days and Hours of Reserved Care: 7:30 am to 5:30 pm, Monday through Friday.

Children may arrive on their scheduled day anytime between these hours. Parents choose 3, 4, or 5 set days per week for service.

Please mark amount of days needed. 3_____ 4_____ 5_____

DAYS	ESTIMATED ARRIVAL TIME	ESTIMATED PICK UP TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Family Calling Guide

Each year the school publishes a “Family Calling Guide” for all families in Missoula Catholic Schools (both St. Joseph and Loyola Sacred Heart). By signing below, I give permission to publish my information in the “Family Calling Guide”. If I do not, I will submit, in writing, a request to not publish my information to the school office.

Alumni Information

Are you alumni of SJS/LSH? Father Mother Guardian

Do you have other children currently attending SJS or LSH? SJS LSH

List Name(s)

Do you have children who have graduated from SJS or LSH? Yes No

List Name(s)

Rates and Payment Schedule:

There are no family discounts or reduced rates for more than one child. Fees are subject to change with a 30 day written notice to notify parents. Current rates are as follows:

Tuition is a flat monthly rate. *Payments must be received by the 1st of the month that childcare is provided. There is a minimum enrollment of three full days per week

- *3 days of service per week \$356.00
- *4 days of service per week \$475.00
- *5 days of service per week \$594.00

Additional days of service may be purchased for \$30.00 per/day if enrollment allows. Payment for these extra days is due the day of service.

Initials: _____ / _____
Parent Provider

Scheduled and Unscheduled Child Absences:

St. Joseph Early Education Program will be closed during several holidays and a calendar listing those closures will be provided at the beginning of the school year. Because our tuition is based on a 22 day calendar, holidays, sick days, absences, and vacations are built into the tuition and therefore those months are not prorated. Regular tuition is required regardless of days missed. Please inform us of any scheduled vacations and absences that may arise.

Third-Party Payers:

Parents are required to pay their co-pay on the 1st of each calendar month. Third-Party Payers are required to pay our standard rate of service. If the Third-Party pays a rate lower than our standard rate, we reserve the right to charge the parents the difference in the amount paid by the Third-Party and our rate.

Termination Policy:

If circumstances such as moving, change of employment, etc., make it necessary for you to withdraw your child from the Center, a two week written notice is required. *Enrollment deposits* are non-refundable fees.

Penalty Fees:

The Center will open from 7:30 am to 5:30 pm, Monday through Friday. There is a \$5 late charge at 5:30 pm and another \$1 late fee for each minute after 5:30 pm that the child is picked up.

Supplemental Fees:

There is an additional \$50 nonrefundable deposit per child to hold your child’s place for fall session.

Provider Leave (Holiday, Vacation, Sick):

St. Joseph Early Education Program will be closed the following holidays:

- Labor Day—September 3, 2012
- Thanksgiving Break—November 22-23, 2012
- Christmas Break—December 24, 2012-January 2, 2013
- Good Friday—March 29 and Easter Monday—April 1, 2013
- Memorial Day—May 27, 2013
- Summer Setup Week- TBD (week after SJS’s last day of school)
- Independence Day—July 4, 2013

These dates are subject to change, please check each month for updates. Because our tuition is based on a 22 day calendar, holidays and vacations are built into the tuition and therefore those months with holidays are not prorated.

The same holds true for child’s vacations and absences. In order to hold your child’s spot in the program, you will be required to pay the regular monthly fee regardless of attendance.

Substitute Care Arrangements:

St. Joseph Early Education has a list of quality substitute teachers that we use when our current staff is either on vacation or ill. These individuals are registered with the state of Montana and have background checks and current immunizations on file. Because we utilize substitutes, our Center can remain open in spite of illnesses and vacation.

Date of Contract Renegotiation:

Each January and August of the calendar year contracts will be renegotiated.

Attached by Parent:

- _____ **Emergency Medical Information and/or Release Form**
- _____ **Child's dentist contact information**
- _____ **Getting to Know You Form**
- _____ **Over the Counter (OTC) Medication Authorization Form**

Attached by Provider:

- _____ **Sick Child Exclusion Policy**
- _____ **Business Policy Statement**
- _____ _____
- _____ _____

By signing this contract I agree to abide by all of the requirements stated herein. I agree to give a minimum two week WRITTEN notice should I decide to terminate care with St. Joseph Early Education and any change in this contract shall be written, attached, dated, and initialed by both parent and provider.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

ACKNOWLEDGED & VERIFIED BY:

Director's Signature

Date