



# Trinity Extended Day Fee Schedule 2022 – 2023 Kindergarten through 8<sup>th</sup> Grade

Session Number	BEFORE SCHOOL MORNING CARE 7 am – 8:00a.m.	Annual Fee
1	Monday – Friday	\$1,850
2	Monday, Wednesday, Friday	\$1,245

Session Number	AFTER SCHOOL EXTENDED CARE 3:15 p.m. – 5:30 p.m.	Annual Fee
3	Monday - Friday	\$2,955
4	Monday, Wednesday & Friday	\$1,930
5	Two Days per Week <u>Circle your choice of days:</u> Monday    Tuesday    Wednesday    Thursday    Friday	\$1,335

**LATE PICK UP FEES:** \$25 (first 15 minutes); \$50 (30 minutes); \$100 (after 30 minutes).

**PAYMENTS** for TED tuition, late pick up fees and additional days are processed through FACTS accounts only.



TED ID # \_\_\_\_\_

# TRINITY EXTENDED DAY BEFORE AND AFTER CARE Kindergarten through 8<sup>th</sup> Grade

## Enrollment Agreement School Year 2022-2023

STUDENT NAME: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name

First Name

Check Session	Session Number	BEFORE SCHOOL MORNING CARE 7 a.m. – 8 a.m.	Annual Fee	Office Use
	1	Monday - Friday	<b>\$1,850</b>	
	2	Monday, Wednesday, Friday	<b>\$1,245</b>	
<b>AFTER SCHOOL EXTENDED CARE 3:15pm - 5:30 p.m.</b>				
	3	Monday – Friday	<b>\$2,955</b>	
	4	Monday, Wednesday & Friday	<b>\$1,930</b>	
	5	Two Days per Week <u>Circle your choice of days:</u> Monday   Tuesday   Wednesday Thursday   Friday	<b>\$1,335</b>	
<b>TOTAL FEES FOR YEAR:</b>			<b>\$</b>	

**ENROLLMENT DATES:** Tuesday, September 6, 2022 – Friday, June 2, 2023. **Closure dates:** TED will be closed for Christmas break December 20<sup>th</sup> – January 2<sup>nd</sup>. **Friday, February 3<sup>rd</sup>** TED (After Care) will be closed for Catholic Schools Teacher Appreciation Day. Please refer to other dates listed in TED letter.

**MEDICAL FORMS:** Maryland State Health form, Emergency form and medical forms must be on file with the school nurse by **July 15<sup>th</sup>**. Students requiring emergency medication must be received by the school nurses by **August 19<sup>th</sup>**.

**PAYMENT:** All TED charges will be added to your FACTS account. FACTS will send you an email when charges are added.

**MEDICATIONS:** Medication and medication plans for students requiring emergency medication must be received by the school nurses by **August 19<sup>th</sup>**.

**PAYMENT:** All TED charges to include late fees and extra charges will be added to your FACTS account. FACTS will send you an email when charges are added.

**LATE PAYMENT PENALTY:** All accounts must be paid by the due date. A late charge of \$50 per month, billed by FACTS, will be assessed to delinquent accounts. Students will not be allowed to attend TED if accounts are more than 60 days delinquent.

Initial

**PICK UP and LATE PICK-UP FEE:** Parents are required to sign their child(ren) out of TED along with the pick-up time. Students picked-up late will be assessed a late fee of \$25 (first 15 minutes); \$50 (30 minutes); \$100 (after 30 minutes). **Late pick up fees will be billed and paid through your FACTS account.**

Initial

**HOLIDAYS/SNOW DAYS/ABSENTEEISM:** When school is closed, the TED Program is closed. Holidays and snow day(s) have been taken into consideration when calculating the yearly fees for the TED program. No deductions will be made to monthly payment schedules. There are no discounts if your child is absent from the TED Program.

Initial

**CHANGES TO SCHEDULE:** A 30-day written notice is required for any change to this agreement or if you wish to withdraw your child from the TED Program. **NO CHANGES WILL BE HONORED in September and NO CREDITS ISSUED after February 1<sup>st</sup>.**

**LIABILITY:** The undersigned parent(s) or legal guardian hereby agree(s) to release and discharge the school, its trustees, employees and agents from and against any and all claims, actions, liability and expense, including attorney's fees and court costs in connection with personal injury and/or damage to property arising from or out of the student's attendance or enrollment in or out of the student's participation in activities at or sponsored by the school and the TED Program, unless such injury and/or damage is occasioned by the gross negligence of the school.

**TERMS OF AGREEMENT:** By signing this agreement, I acknowledge I have read and understand the TED contract terms and agree to pay in full the annual fees associated with the session(s) selected.

 \_\_\_\_\_  
 PARENT SIGNATURE

 \_\_\_\_\_  
 PARENT SIGNATURE

 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 DATE

 \_\_\_\_\_  
 TED PROGRAM DIRECTOR

 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 DATE

E-mail contract to both  
 Ksibol@trinityschoolmd.org  
 Blaw@trinityschoolmd.org