

2019 SUMMER CARE AGREEMENT – NON-SCHOOL FAMILY

Responsible Party Name	Student Name	Grade
Address	Student Name	Grade
City/ Zip	Student Name	Grade
Phone #	Student Name	Grade
Email	Student Name	Grade

It is agreed to and understood as a condition of my child's/children's participation in St. Martha's Summer Care Program, I will pay the fee for the program based as indicated below. **I am obligated to enroll in FACTS (\$45 enrollment fee*) for submission of payments as checked below unless I pay in full.** If unable to keep commitment below, a meeting with the Pastor, Director or CFO will be mandated. Payment will be deducted from your account on June 3, 2019, July 1, 2019, and August 1, 2019. If you want to pay over 2 months, June and July please check the box on the bottom of agreement.

Select Full or Part Time & Select Your Payment Option.

Full Time 3 Payments – No vacation week – Select # of children and payment below
 One \$516 (\$1548) Two \$762 (\$2287) Three \$1086 (\$3260) Four \$1373 (\$4118)

Full Time 3 Payments – One vacation week – Select # of children and payment below
 One \$469 (\$1408) Two \$693 (\$2079) Three \$988 (\$2964) Four \$1248 (\$3744)

Part Time 3 Payments – No vacation week – Select # of children and payment below
 One \$432 (\$1297) Two \$663 (\$1990) Three \$995 (\$2986) Four \$1373 (\$4118)

Part Time 3 Payments – One vacation week – Select # of children and payment below
 One \$393 (\$1180) Two \$603 (\$1810) Three \$905 (\$2715) Four \$1248 (\$3774)

Vacation Week (must be 5 consecutive days): _____

Paying in Full **June & July Only Payments** **Signed up in FACTS** **Paid Reg. Fee**

***If you are enrolling in St. Martha's school for 2019-2020 you will only be charged the \$45 fee one time. See attached instructions for setting up a FACTS account.**

It is agreed and understood that in the event of default, if this account is turned over to an agency or attorney for collections, the undersigned agrees to pay all reasonable attorney fees and costs of collection pursuant to KRS 411.195

Printed Name _____

Date _____

Signature _____

Envelope Number _____