

## BASP - REGISTRATION FORM - Page 1

St. John Paul II Catholic School

Tuition is due at the first of each month following the payment schedule below. **Weekly payments will not be accepted.** To simplify the payment process we have averaged the cost over the ten months. Except for August, your monthly payment will be the same. Fees are listed for one child, two children, and three or more children. Please refer to the payment schedule below.

**Please check the block which your child will be attending:**

**Option A** – Morning Care only (7:00 a.m.- 7:40 a.m.)  
 **Option B** – Morning and Afternoon Care (7:00 a.m.- 6:00 p.m.)  
 **Option C** – Afternoon Care only (Dismissal – 6:00 p.m.)  
 **Option D** - Buy 5 days of BASP per quarter (Includes AM/PM)-Fee of \$110 in advance per student. A day consists of BOTH AM and PM BASP. Days not used can roll over to the next quarter for the current school year only. There are no refunds. *(Option D is suspended for the 1<sup>st</sup> qtr of the 2020-21 school year)*

**Tuition Fees:**

<b>September 1<sup>st</sup> – May 1<sup>st</sup> Monthly Fees Due:</b>			
<b>Block</b>	<b>1 Child</b>	<b>2 Child</b>	<b>3+Child</b>
<b>A</b>	\$75	\$75	\$75
<b>B</b>	\$325	\$300	\$280
<b>C</b>	\$300	\$280	\$260

**Emergency Care Rates Per Child:**

**Regular Dismissal Days:** \$10 for the first 15 min. (3:45-4:00) and \$20 from (4:00-6:00)

**Early Dismissal Days:** \$10 for the first 15 min. (2:45-3:00) and \$30 from (3:00-6:00)

**Tuition Payment Due Dates:**

<b>September 4</b>	<b>October 2</b>	<b>November 6</b>	<b>December 4</b>	
<b>January 8</b>	<b>February 5</b>	<b>March 5</b>	<b>April 9</b>	<b>May 7</b>

Any tuition that is not paid by the last day of the first full week of the month in which it is due will result in a \$20 late fee. If tuition is not paid in full by the end of the second full week, the child shall be automatically suspended from the program. Reinstatement may occur when all fees have been paid.

I need a monthly receipt for my fee payment \*\*  
 I DO NOT need a monthly receipt – just a yearly one.

**\*\* If you do not choose an option, it will be assumed that you will use your cancelled check as a receipt.**

I understand and will follow the tuition payment schedule listed in the BASP Handbook. My signature indicates that I have received, read, and agree to be governed by the St. John Paul II Catholic BASP Handbook. **Please sign, date, and return this page to the BASP Director.**

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Parent's Signature

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Date

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Print Parent's Name

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Student's Name

**BASP      Registration Form      Page 2**  
**St. John Paul II Catholic School**

Family Name \_\_\_\_\_ Family ID # \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent's Name Printed \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**The program closes at 6:00p.m. Parents whose children remain past 6:00 p.m. must pay the overtime fee of \$2.00 per minute per child in cash immediately to the caregiver.**

**Please refer to the BASP Handbook at the end of the Parent/Student Handbook, for a complete explanation of the BASP.**

**BASP Emergency Care Statement  
St. John Paul II Catholic School**

Date \_\_\_\_\_ Time \_\_\_\_\_ Amount \_\_\_\_\_

Family Name \_\_\_\_\_ Family ID # \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Staff Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_