

Payment Contract: (Revised:2010) Date_____

_____ will be attending the Holy Rosary Pre-
(Name of Child)

School Center for child care services beginning_____,
(Date)

for a (check appropriate space) **weekly**_____**monthly**_____ fee
of

\$_____ **payable in full, in advance** at the beginning of
each **week or month.**_____ will attend_____ days

(Name of Child) (contracted
half/full)

m-t-w-r-f

***Variable schedules will be billed each Monday (AFTER).**

If _____ is absent for more than three consecutive
(Name of Child)

days due to personal illness, fees for that period will be
suspended if _____ provides Holy Rosary Preschool

(Name of Parent)
with a release from a licensed medical authority before
your
child returns to our Preschool.

****If payment is late(school week/month) a \$5.00 late fee
per week/month per account will be added .**

*If you decide to pull your child/ren out of our program,
you will need to give us a two week notice. If notice is
not given you will be expected to pay for two weeks of your
regularly scheduled days.

** There is a late payment fee of \$1.00 for every minute
past 12:15 p.m.for the half day session(unless prearranged)
or 5:30 p.m. for the full day session.

Holy Rosary Preschool Center
2224 -45th St.(Mailing Address)
Kenosha,WI.53140

(Date)

**Special Closure dates
Please check days on
application.**

(Parent's Signature)

(Director's Signature)

NOT APPLICABLE

(Signature of person responsible for payment, if different than registering parent)