

Acknowledgement of Acceptance

Family Name _____

THIS AGREEMENT is made and entered into this _____ day of _____, 20____, by and between Sacred Heart Catholic School and the parent(s) / guardian(s) herein referred to as Parents. We, parents, desire to enroll the following child / children into Sacred Heart Catholic School Daycare for the school year 2025-2026. We hereby accept full responsibility for payment of tuition and fees for these children.

We jointly and severally promise to pay to Sacred Heart Catholic School the amounts indicated at the scheduled due dates according to the payment plan selected by us and shown on **Schedule A**, which is an integral part of this agreement.

There are no refunds or reductions for days that are missed.

Name of Child _____ Nick Name _____ DOB _____
Time From _____ to _____ Grade _____ Teacher _____ Boy/Girl _____
Days to Attend

Monday	Tuesday	Wednesday	Thursday	Friday	Drop in
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Child _____ Nick Name _____ DOB _____
Time From _____ to _____ Grade _____ Teacher _____ Boy/Girl _____
Days to Attend

Monday	Tuesday	Wednesday	Thursday	Friday	Drop in
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Child _____ Nick Name _____ DOB _____
Time From _____ to _____ Grade _____ Teacher _____ Boy/Girl _____
Days to Attend

Monday	Tuesday	Wednesday	Thursday	Friday	Drop in
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We understand and agree to comply with the provisions of this Tuition, Fees Agreement and Schedule A Form.

All families understand that their children are only accepted for enrollment after registration fees are paid, all paper work is completely filled out turned in and space is available.

Please complete all forms and return with them with the following

- All Fees-if not paid in advanced will be auto deducted 1st month of use.
- Schedule A—with a **voided check** only if you do not have one on file.
- Emergency Forms---Fill out completely
- **There are no refunds or reductions for days that are missed.**

By signing this contract you agree to the terms and conditions stated.

Signature of Parent or Legal Guardian

Printed Name

Date