

St. Paul's Episcopal School
Fee and Procedure Agreement Receipt

This form must be initialed, signed and returned to the office before your child starts school. **Please be sure to read carefully as some of these policies have changed.** If you have any questions regarding these policies, please do not hesitate to contact the office.

Please initial each category:

_____ **Tuition due dates** - Tuition is due on the 1st and 15th of each month.

_____ **Late tuition charge** - A \$20.00 late fee will be assessed on the first day and \$5.00 for each following day. After 5 days, care will be suspended until all tuition and late fees are paid.

_____ **Late pick up charge** - A \$10.00 fee will be charged for the first 5 minutes and \$1.00 per minute after that. Fees must be paid before your child returns.

_____ **Returned check charge** - A \$20.00 fee will be charged for returned checks. Returned check payments must be paid with cash or money order.

_____ **Lunch Supply Fee** - In the event that your child does not have a lunch, we will provide one for the cost of \$3.00

_____ **Dispensing of medication** - All prescription medications must be in the original container. Over the counter medication may be given per label directions or with a signed doctor's note. A medication sheet **MUST** be filled out for all medicines and a new sheet must be filled out each week the medication is required.

_____ **Illness/Readmission Requirements** - Any child exhibiting vomiting, fever or diarrhea **may not** return to school until they have been **symptom free for 24 hours without the aid of medication.** Readmission to school will be at the discretion of the administrator and may require a doctor's note.

I have read and accept the fees and policies set forth by St. Paul's Episcopal School. These policies may also be found in the tuition and fee statement or the parent handbook.

Child's name: _____

Parent's Signature: _____

Date: _____