

TED ID # \_\_\_\_\_

# TRINITY EXTENDED DAY BEFORE AND AFTER CARE

## Enrollment Agreement School Year 2023-2024

STUDENT NAME (Last, First): \_\_\_\_\_

PreK-3                      PreK-4                      KT                      K-8<sup>th</sup> Grade: \_\_\_\_\_

Check Session	Session Number	BEFORE SCHOOL MORNING CARE 7:00 a.m. – 8:30 a.m.	Annual Fee	Office Use
	1	Monday - Friday	\$2,145	
	2	Monday, Wednesday, Friday	\$1,500	
AFTER SCHOOL EXTENDED CARE 3:00 p.m. - 5:30 p.m.				
	3	Monday – Friday	\$3,150	
	4	Monday, Wednesday & Friday	\$2,400	
	5	Two Days per Week (Check Days): Mon.      Tue.      Wed.      Thur.      Fri.	\$1,425	
		<b>TOTAL FEES FOR YEAR:</b>	<b>\$</b>	

**ENROLLMENT DATES:** Please refer to school calendar dates for half days and school closings.

**MEDICATIONS:** Medication and medication plans for students requiring emergency medication must be received by the school nurses by **August 19<sup>th</sup>**.

**PAYMENTS:** All TED charges will be added to your FACTS account. FACTS will send you an email when charges are added. All accounts must be paid by the due date.

Initials

**PICK UP and LATE PICK-UP FEE:** Parents are required to sign their child(ren) out of TED along with the pick-up time. Students picked-up late will be assessed a late fee of \$25 (first 15 minutes); \$50 (30 minutes); \$100 (after 30 minutes). **Late pick up fees will be billed and paid through your FACTS account.**

**HOLIDAYS/SNOW DAYS/ABSENTEEISM:** When school is closed, the TED Program is closed. Holidays and snowday(s) have been taken into consideration when calculating the yearly fees for the TED program. No deductions will be made to monthly payment schedules. There are no discounts if your child is absent from the TED Program.

**CHANGES TO SCHEDULE:** A 30-day written notice is required for any change to this agreement or if you wish to withdraw your child from the TED Program. NO CHANGES WILL BE HONORED in September and NO CREDIT IS ISSUED after March 1st.

**LIABILITY:** The undersigned parent(s) or legal guardian hereby agree(s) to release and discharge the school, its trustees, employees and agents from and against any and all claims, actions, liability and expense, including attorney's fees and court costs in connection with personal injury and/or damage to property arising from or out of the student's attendance or enrollment in our out of the student's participation in activities at or sponsored by the school and the TED Program, unless such injury and/or damage is occasioned by the gross negligence of the school.

**TERMS OF AGREEMENT:** By signing this agreement, I acknowledge I have read and understand the TED contract terms and agree to pay in full the annual fees associated with the session(s) selected.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TED PROGRAM DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE

PLEASE EMAIL THIS CONTRACT TO: [TED@trinityschoolmd.org](mailto:TED@trinityschoolmd.org) and [Blaw@trinityschoolmd.org](mailto:Blaw@trinityschoolmd.org)