



**The Highlands School**  
**AFTERSCHOOL STUDY HALL**  
**2019-20 School Year**  
**Enrollment Information**

<b>Rates</b>				
# of children	Full Year Rate	Annual Pay 5% Discount 1 payment of	Semester Pay 2% Discount 2 payments of	Facts Monthly Plan Added to Facts tuition balance
1	\$ 1,440	\$ 1,368	\$ 705	\$ 1,440
<b>Drop-in Rate</b>				
1	\$10/day			
<b>Late Charge (after 6:00 pm)</b>		<b>\$10 plus \$1 per minute</b>		

**Terms:**

1. A payment plan must be approved and finalized before students will be permitted to attend the After School Supervisory Program.
2. The initial payment must be made prior to the start of the program.
3. For Facts payors, the ASC amount will be added to the tuition balance. Additionally, a 10% down payment is required.

I agree to the above terms of the After-School Supervisory Program. I also agree to the dates and hours of operation, and to follow the procedures of the program as outlined in the After School Supervisory Program Guide.

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

\_\_\_\_\_  
Date

**2016-17 School Year**

**Parent/Guardian Name:** \_\_\_\_\_

**Address/City/State/Zip:** \_\_\_\_\_

**Rate Plan (check one):**

**Full Year** \_\_\_\_\_ **Annual Pay** \_\_\_\_\_ **Semester Pay** \_\_\_\_\_ **Facts Monthly Pay** \_\_\_\_\_

**Students to be enrolled:**

**Grade:**

**Age:**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

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\_\_\_\_\_

4. \_\_\_\_\_

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5. \_\_\_\_\_

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