



North
Cross
School

2020-21 Eaton Hall Study Hall Enrollment Agreement

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

In consideration of the acceptance of this Eaton Hall Afternoon Study Hall Enrollment Agreement by North Cross School, the undersigned agrees to pay the required fees as stated below, which will be billed according to your tuition payment plan schedule. Drop-In Care will be billed monthly during the school year. A deposit is not required, but the agreement must be signed and returned.

Please check all that apply:

- | | | | |
|--------------------------|----------------------------|------------------|---------------------|
| <input type="checkbox"/> | Eaton Study Hall – Fall | 3:30 – 6:00 p.m. | \$400 per trimester |
| <input type="checkbox"/> | Eaton Study Hall – Winter | 3:30 – 6:00 p.m. | \$400 per trimester |
| <input type="checkbox"/> | Eaton Study Hall – Spring | 3:30 – 6:00 p.m. | \$400 per trimester |
| <input type="checkbox"/> | Eaton Study Hall – Annual | 3:30 – 6:00 p.m. | \$1,200 per year |
| <input type="checkbox"/> | Eaton Study Hall – Drop In | 3:30 – 6:00 p.m. | \$10.00 per hour* |

* Min for first partial hour

THERE IS NO OPTION TO PRORATE THE FEES

I understand that fees are due as billed and that failure to make payments within 30 days may result in loss of access to the program. It is further agreed that a late charge of \$20 per quarter hour or fraction thereof will be charged for students not picked up promptly by 6 p.m. Teachers and staff will remain with students until parents arrive. In the event that parents or emergency contacts cannot be reached, proper authorities will be notified.

I understand that the Eaton Hall After School Study Hall will not operate on snow days, and the program will be cancelled when inclement weather required early dismissal. I understand that no adjustment to the fee will be refunded or cancelled in the event of absence, withdrawal, or dismissal from the School of the above names student(s).

In case of illness, I understand that the School will notify the parent when the student is ill, and the parent will pick up the student as soon as possible.

Parent/Guardian Signature _____ Date _____

Phone (Home) _____ Phone (Cell) _____

This form must be completed in full and returned to School prior to admittance to the program.