



Our Lady of Hope/St. Luke School

Where faith and knowledge meet... Hope grows!

2026-2027 Extended Enrollment Agreement

Child Name: _____ D.O.B. ____ / ____ / ____ Grade ____	
Before School (BS) ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Drop-In (Please check days needed)	After School (AS) ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Drop-In (Please check days needed)
Parent/Legal Guardian #1	Parent/Legal Guardian #2
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.
Relationship to child/children: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email Address: _____ Employer: _____ Work Phone: _____	Relationship to child/children: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email Address: _____ Employer: _____ Work Phone: _____

Our Lady of Hope St. Luke School accepts tuition payments for the Extended Care Program as outlined by the school.

A \$100.00 non-refundable deposit will be required upon enrollment.

Registration fee of \$50.00 with the return of this contract.

Extended Care payments will be processed through FACTS.

The first payment is due August 1st and subsequent payments are due the 15th of each month, beginning September 15th and ending May 15th. Any remaining deposit monies will be applied to the May 15th payment.

On the 17th of each month a late fee of \$25 will be applied to your account.

Non-Payment will result in denial of care.

All changes in enrollment for the following month must be received in writing by the 12th day of the current month.

Monthly tuition payments remain the same regardless of holidays, Winter Break, Spring Break, inclement weather, vacation, illness, pandemic, or acts of nature.

Late payments may incur additional fees and non-payment may result in denial of care.

All changes in enrollment for the following month must be submitted in writing by the required deadline. Monthly tuition remains due regardless of holidays, school closures, weather events, illness, or other unforeseen circumstances.

I/We have read and understand the above information and agree to the terms of this agreement. I/We certify that the information provided is true and accurate.

Parent/Guardian #1 Signature: _____ Date: ____ / ____ / ____
Print Name: _____

Parent/Guardian #2 Signature: _____ Date: ____ / ____ / ____
Print Name: _____