

AfterCare Payment Plan/Option Selection Form

Name(s) of Parent(s) or Guardian(s)

Mailing Address City, State, Zip Code

Name(s) of Student(s) Who Will Attend AfterCare

**PLEASE RETURN THIS FORM TO THE PARISH OFFICE BY:
FRIDAY, AUGUST 12, 2022**

Please check one of the AfterCare payment plans below and select one option based on your estimated monthly AfterCare usage for the 2022-2023 school year. Please read carefully the accompanying policies for an explanation of AfterCare payment plans and usage options.

___ Plan A. (A FACTS agreement or a confirmation letter for electronic reenrollment will be forwarded after this form is returned to the parish office. **If a parent has a FACTS agreement for tuition in place, then the processing fee will be waived.**) I have read the accompanying policies and understand that FACTS Management Co. will automatically withdraw payments in the amount determined by the option selected below. I have entered my payment amount (based on the number of children I plan to enroll in AfterCare) next to the option I select below. Payments will be withdrawn on the 20th of each month from the account I specify on my FACTS agreement.

Payment Amount Payment Amount

___ Option 1 _____ ___ Option 3 _____

___ Option 2 _____ ___ Option 4 _____

___ Plan B. Pre-payment \$10.00/day

___ Plan C \$12.00/day, \$17.00/half days (Pay- as- you- use)

I have read the accompanying policies and understand that I am responsible for payments in the amount determined by the option and payment amount (based on the number of children I plan to enroll in AfterCare. Payments will be made in advance for Plan B on the first of each month and on a weekly basis for Plan C beginning September 1, 2022.

Signature of Responsible Party Date

Return to: St. Ann's School, 2006 Shallcross Avenue, Wilmington, DE 19806-2294