

# 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 13, 2021**

*Please check one of the AfterCare payment plans below and select one option based on your estimated monthly AfterCare usage for the 2021-2022 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 Payments will be withdrawn on the 20<sup>th</sup> 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, 2021.*

\_\_\_\_\_  
*Signature of Responsible Party*

\_\_\_\_\_  
*Date*

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