



Saint Ann School

446 West Church Avenue
Ridgecrest, California 93555
TEL (760) 375-4713

Date: _____

Dear _____ Family,

Your EDP contract amount has been calculated based on this schedule:

Option A	2:40 PM to 3:30 PM	\$115.00/month	<u>Monday through Thursday plus non-flex Friday</u>
Option B	2:40 PM to 3:30 PM	\$130.00/month	<u>Monday through Friday</u>
Option C	2:40 PM to 4:05 PM	\$150.00/month	<u>Monday through Thursday (homework)</u>
Option D	2:40 PM to 4:30 PM	\$160.00/month	<u>Monday through Thursday plus non-flex Friday</u>
Option E	2:40 PM to 4:30 PM	\$175.00/month	<u>Monday through Friday</u>
Option F	2:40 PM to 5:15 PM	\$185.00/month	<u>Monday through Thursday plus non-flex Friday</u>
Option G	2:40 PM to 5:15 PM	\$200.00/month	<u>Monday through Friday</u>
Option H	2:40 PM to 6:00 PM	\$225.00/month	<u>Monday through Thursday plus non-flex Friday</u>
Option I	2:40 PM to 6:00 PM	\$240.00/month	<u>Monday through Friday</u>

Options A-I: (25% Discount for 2nd & 3rd Child)

Therefore, your EDP payments will be:

August thru May = _____ for August

Adjusted EDP Schedule

_____ days a week OR _____ days a month Pick-up time: _____

Adjusted Rate: \$ _____/mo.

- Each month, you will be emailed an invoice that will have an EDP amount along with your tuition balance. All payments are due by the 1st of the month.

If your schedule changes, please let us know immediately so we can re-calculate your contract amount.

I accept these terms and rates.

Signature

Date

Please return contract to school office.

Thank you.

Cathy Haugen
Bookkeeper