



PARENT COPY: Please Retain For Your Records

**2010-2011
ACTIVITY FEE SCHEDULE
For 5th through 8th Grades**

Exciting activities and trips are scheduled throughout the year to build community and develop independence. There are associated fees, which are not included in tuition. The following are projections, subject to change and are provided to help you plan ahead. Activities will be billed at time of event and participation in the events is optional but encouraged.

MIDDLE SCHOOL EVENTS
(Grades 6th thru 8th)

Fall Community Building Day Trip (October)	\$65
Halloween Dance (October)	\$10
Winter Activity (December)	\$10
Spring Party (April)	<u>\$10</u>
Total Estimate	\$95

SPRING TRIPS
(Grades 5th thru 8th *Destinations may vary)

Pali Mountain, CA (Grades 5th & 6th)	\$ 450
Astro Camp, CA (Grade 7th)	\$ 450
Washington, D.C. (Grade 8th)	\$2,500

R.O.P.E. (Rite of Passage Experience) (Grade 8th)

4th Quarter Right of Passage Experience: Cost vary according to individual

GRADUATION EXPENSES
(Grade 8th, Billed April 1st)

Graduation Fee	\$175
<i>(Includes Cap & Gown, Invitations, Memory DVD, Memory Blanket and Graduation Reception.)</i>	

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2010-2011 Middle School Tuition

Grade	Tuition	Sibling Discount
6th-8th	\$11,740	\$10,566

Fees not included in Tuition, due August 1, 2010:

Annual Dues and Fees are non-refundable and may be paid by check or added into auto-debit for August tuition.

- B.E.S.T. (Parent Organization) Dues: \$75
- 6th Grade: Annual Art Supply Fee \$200
- 7th/8th Grade Art Elective Students: Art Supply Fee \$200 per semester due August 1, 2010 and January 1, 2011

Payment Plan Options

1 st Tuition Payment due at Enrollment*		Remaining Tuition		Remaining Tuition		Remaining Tuition August thru May	
		<u>1-Pay Plan</u>		<u>2- Pay Plan</u>		<u>10- Pay Plan</u>	
First Child	Sibling	First Child	Sibling	First Child	Sibling	First Child	Sibling
\$700	\$700	\$11,040	\$9,866	\$5,520	\$4,933	\$1,104	\$987

*1st month payment is non-refundable and is due at the time this Enrollment form is submitted. It may be paid by check, cash, credit card or IBE: Help a Student Funds.

Parent Commitment

Upon signing the Enrollment Form for your child, you are committing to his/her education at Summit School. The following are expectations for all Summit parents and guardians:

- A minimum of thirty days notice is required when withdrawing a student. I am responsible for tuition for the remainder of the semester in which I withdraw my child(ren).
- I will volunteer at least 10 hours per child, per year.
- I understand the importance of contributing to the Arizona Private School Tax Credit on behalf of Summit School of Ahwatukee.
- I will contribute to the Summit Annual Fund.

Terms

7. Monthly tuition is due the 1st of each month, starting in August and continuing through May 2011. 1-Pay Tuition is due on August 1, 2010. 2-Pay Tuition Installments are due August 1st and December 1st.
8. Tuition is considered late on the 2nd of each month and each tuition account will be charged a \$20.00 late fee.
9. In the event that a tuition account has reached 30 days past due the parent(s) will be notified that they will have 24 hours to make payment in full or the student(s) will face dis-enrollment. Upon dis-enrollment, the account will be turned over to a collection agency.
10. All accounts with checks returned for non-sufficient funds will be assessed a \$25.00 returned check fee.
11. After enrollment, no refunds of tuition or fees will be made for the semester. If the student is withdrawn from Summit, it will still be the financial obligation of the family to pay tuition through the remainder of the semester. Exceptions will be provided for families moving more than 50 miles from Summit School or upon pre-approval of the Head of School. ***No refund of tuition or fees for the semester will be made at any time if a student is either dismissed or asked to withdraw from school for disciplinary reasons.**
12. If at any time there is a past due balance owed and no alternative arrangements have been made with the Business Office, **grades and transcripts will not be released.**



AUTO-DEBIT PAYMENT FORM FOR 2010-2011

Summit School of Ahwatukee will debit your bank account on the following schedule dependent upon the Payment Plan you selected: (Please select all that apply)

- | | | |
|-------|-----------------------|--|
| _____ | 1 Payment: | Debit will occur on August 1 st |
| _____ | 2 Payments: | Debit will occur on August 1 st and December 1st |
| _____ | 10 Payments: | Debit will occur on the 1 st of each month, August 2010 thru May 2011 |
| _____ | Prepaid Extended Day: | Debit will occur on the 1 st of each month, August 2010 thru May 2011
(Completion of the Extended Day Enrollment Form is required) |
| _____ | B.E.S.T. Fee: \$75 | Debit will be added into August 1 st Tuition, one-time Fee |

STUDENT NAME(S):

1. _____
2. _____
3. _____
4. _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Summit School of Ahwatukee** Company ID: **86-1012694**

I (we) hereby authorize Summit School of Ahwatukee, hereinafter called COMPANY, to initiate debit entries to my/our (Select one) _____ **Checking Account** OR _____ **Savings Account** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____
 City: _____ State: _____ Zip Code: _____
 Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. In the event that an auto-debit is declined, I understand that I will be charged a \$25.00 fee and the tuition payment in full will be due within 5 days.

Name(s): _____ Signature: _____
 Date: _____ Phone Number: _____
 Email: _____

Note: Suspension of auto-debit service requires a 10-day notification to the Summit School Business Office. All written debit authorization MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

For Business Office Use Only:

Inv. ____ Roster: ____ Reminder: ____

Student 1:	Total Tuition: _____	Monthly Tuition: _____
Student 2:	Total Tuition: _____	Monthly Tuition: _____
Student 3:	Total Tuition: _____	Monthly Tuition: _____
Student 3:	Total Tuition: _____	Monthly Tuition: _____



**AUTO CREDIT CARD CHARGE
PAYMENT FORM FOR 2010-2011**

I authorize the Summit School of Ahwatukee Business Office to charge the selected tuition item(s) for the following student(s) account(s) to my credit card. The credit card transaction will occur between the 1st and 5th of the month it is due.

Declined transactions may result in the application of late fees and cancellation of automatic credit card payment privileges. **It is my responsibility, as the credit card holder, to notify Student Billing of any changes in card information** (i.e., expiration date, billing address, etc.) Any changes to this payment arrangement must be done in writing to the Summit School Business Office. (Please complete only 1 form per family).

Please Select all Item(s) To Be Automatically Charged:

- ___ One-time Application Fee (For new students only)
- ___ 1st Tuition Payment to be charged upon 2010-2011 Enrollment Acceptance
- ___ 1-Pay Tuition on August 1, 2010
- ___ 2-Pay Tuition on August 1, 2010 and December 1, 2010
- ___ 10-Pay Tuition beginning August 1, 2010 thru May 1, 2011
- ___ Prepaid Extended Day: beginning August 2010 (*Completion of the Extended Day Enrollment Form is also required.*)
- ___ Drop-In Extended Day: (*Completion of the Drop-in Ext. Day Enrollment Form is also required.*)

Student First and Last Name(s): _____

_____/____/____/____
Credit Card Number **Expiration Date:** (mm/yyyy)

Please Circle credit card type and add appropriate Security #:

VISA: 3 digit # ___ ___ **MasterCard: 3 digit#** ___ ___ **AMEX: 4 digit #** ___ ___

Name on Card: _____

Signature of Card Holder **Date**

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Email Address:** _____

<u>For Business Office Use Only:</u>		Inv. ____	Roster: ____	Reminder: ____
Student 1:	1 st Tuition Payment: _____	Total Tuition: _____	Monthly Tuition: _____	
Student 2:	1 st Tuition Payment: _____	Total Tuition: _____	Monthly Tuition: _____	
Student 3:	1 st Tuition Payment: _____	Total Tuition: _____	Monthly Tuition: _____	
Student 4:	1 st Tuition Payment: _____	Total Tuition: _____	Monthly Tuition: _____	

Extended Daycare Enrollment 2010-2011

Welcome to the Extended Day Program at Summit School! We are proud to offer quality childcare before and after school for your children. Preschool Extended Day Care is for preschoolers and Kindergarteners. Elementary/Middle School Extended Day is for 1st graders through 8th graders. We have designed 2 programs to assist you with your schedule:

Pre-Paid Extended Daycare: For use by parents who will use before and/or after school care daily or very frequently.

Drop-In Extended Daycare: For use by parents who will use before and/or after school care from time to time.

Summit School Extended Daycare Policy:

EXTENDED DAY HOURS: The Extended Day fee covers the hours before school (7:00 AM – 8:00 AM) and after school (3:30 PM – 6:00 PM). Afternoon snacks and necessary materials are also included in the fee. Summit Extended Day Care Program closes promptly at 6:00 PM. Parents who have not picked up their children by 6:00 PM will be charged an additional fee of \$1.00 per minute, as stated in the Parent Student Handbook.

RULES AND POLICIES: In the event Summit does not receive payment within 5 days of billing or we are unable to complete your auto-debit transaction, your child(ren) will not be allowed into Extended Daycare until your balance is paid in full. All school rules, procedures and policies are in effect during Extended Daycare activities. Only previously authorized persons who show proper identification AND are listed on the Emergency Cards will be allowed to pick up students. All parents/legal guardians or authorized persons must sign the student(s) into Extended Day before school and/or sign the student(s) out of Extended Day upon pick-up after school.

**Summit School of Ahwatukee
Extended Daycare Enrollment 2010-11:**

Student's Name _____ Grade: _____
 Student's Name _____ Grade: _____
 Student's Name _____ Grade: _____

Parent(s) Name(s): _____

Email address (Required) _____

Home Phone _____ Cell Phone _____

Primary Address _____

City _____ State _____ Zip Code _____

**Please Complete your Extended Daycare Enrollment by
Choosing 1 of the Programs listed on the other side of this form.**

Please Select 1 of the following Programs:



Pre-Paid Extended Daycare Program Agreement:

Provides Full-time use of Extended Daycare before and/or after school daily, Preschool thru 8th grade. It begins with the first day of school and ends with the last day of school that Extended Day is offered.

Payment Options: (Select One)

- _____ **1 payment** of \$2,250 due August 1, 2010
- _____ **2 payments** of \$1,125 due August 1, 2010 and by January 1, 2011

Payment Form: (Select One)

- _____ Check
- _____ Auto-Debit (Complete Auto-debit form)
- _____ Auto-Credit Card Charge (Complete Auto-Credit Card charge Form)

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- _____ **9 payments** of \$250 due August 2010 thru April 2011

- _____ Auto-Debit (Complete Auto-debit form)
- _____ Auto-Credit Card Charge (Complete Auto-Credit Card charge Form)

I understand and agree to the terms of the Summit Pre-Paid Extended Daycare Program and the Payment Option /Form I have selected.

Parent/Guardian Signature: _____ Date: _____

Drop-In Extended Daycare Program Agreement:

Drop-In Extended Daycare rates are **\$17.00 per day**, per child for **actual days used**. You will only be charged for all Drop-In Extended Days used within a month. **Summit Policy requires all Drop-In Extended Day monthly usage to be auto-charged to your credit card with no additional fees.** Checks and auto-debit will not be accepted for the 2010-2011 school year. Drop-In use will be tallied for the month and auto-charged between the 1st and 5th of the following month. A receipt of your charge will be emailed to you. If you question an Extended Day Charge, please do not hesitate to contact our business office at (480) 403-9505.

In order to attend Drop-In Extended Daycare in 2010-11, please complete the following:

Please Circle credit card type and add appropriate Security #:

VISA: 3 digit # ___ MasterCard: 3 digit# ___ AMEX: 4 digit # ____

16 Digit Credit Card Number: _____ Exp. Date: ____/____

I understand and agree to the terms of the Summit Drop-In Extended Day Program and the Auto-Credit Card payment process.

Parent/Guardian Signature: _____ Date: _____