



Our Lady of Mount Carmel
Hockey Academy
Program Contract 2012 - 2013

Name: _____ Grade: _____ Gender: M F
 Address: _____ Phone: _____
 Previous School: _____ Grade: _____

I _____ as parent/guardian of _____
 agree to the following conditions:

1. Acceptance into the Hockey Academy will not be confirmed until the non-refundable deposit of **\$500** is remitted with your child's registration. This will cover cost of staffing, transportation, facility bookings, and administration.
2. During 'registration week' in August, regular school fees will be paid in full.
3. **Hockey Academy Monthly installments of \$250.00**

*I understand that my child will not receive any sports clothing or kits until this first installment is made. **If the first installment is not paid by **September 15th**, I understand that my child may be precluded from the Hockey Academy Program until the payment has been made or I have contacted the Office Administrator to make payment arrangements.

PAYMENT SCHEDULE (\$2500)

Deposit \$500.00 Non Refundable

<i>Sept. 1 \$250</i>	<i>Feb. 1 \$250</i>
<i>Oct. 1 \$250</i>	<i>Mar. 1 \$250</i>
<i>Nov. 1 \$250</i>	<i>Apr. 1 \$250</i>
<i>Dec. 1 \$250</i>	<i>May 1 \$250</i>

A portion of the student fees are determined by expenses in advance booking facilities, staffing, transportation, and activities. Early withdrawal from an academy may result in administrative charges to cover the student's portion of these advance booking items as mentioned above. Such charges will be prorated and determined on an individual basis.

4. I agree that it is my responsibility to ensure timely payments. If I default in meeting any of the above payments, I understand that my child may be precluded from the program.
5. I would like to utilize the following form of payment:

____ Lump sum payment of \$2500
 ____ \$250 monthly payment
 ____ Monthly payments by the following:
 Credit Card Payments ____ VISA ____ MasterCard
 Card Number _____ Expiry Date _____
 ____ Postdated Cheques (please include with contract and deposit)

If any circumstances occur which may change my ability to meet the payment required, I agree to immediately contact the Office Administrator to make alternate arrangements.

Date

Signature of Parent/Guardian

Our Lady of Mount Carmel School
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