

Queen of the Holy Rosary Academy

393 W. Old Watson Road
Saint Louis, Missouri 63119



Financial Agreement
Academic Year 2018-2019

This agreement is made between:

Last Name of Father/Guardian:	First	Middle Initial	e-mail address
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Last Name of Mother/Guardian:	First	Middle Initial	e-mail address
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Mailing Address

City	State	ZIP Code
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Home phone	Father's day phone	Mother's day phone
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AND Queen of the Holy Rosary Academy, 393 W. Old Watson Road, Saint Louis, Missouri, 63119.

The terms of the contract are as follows:

1. The parents (or guardian) wish to have the child(ren) listed in this contract agreement enrolled in Queen of the Holy Rosary Academy during the 2018-2019 school year, and further wish to have the child(ren) taught and educated by Queen of the Holy Rosary Academy in accordance with the Roman Catholic Faith and academic studies *and policies* as described in the 2018 *Queen of the Holy Rosary Academy Handbook*, as well as in compliance with any necessary additions to these requirements as may have to be added; and
2. Upon acceptance of the child(ren) named in this contract as student(s) for the coming school year, the parents (or guardian) agree(s) to pay a total of \$ _____ (*add lines 2c and 3d of Worksheet C*) to Queen of the Holy Rosary Academy, the Society of Saint Pius X, in U.S. dollars based upon the rates and various discounts outlined in the contract and in the "Explanation of Tuition and Fees" information provided with this contract. Parents also agree to raise/pay an additional fundraising quota of \$ _____ (*line 4a of Worksheet C*); and
3. Families are expected to assist in work days and other maintenance-supportive needs during the school year at the request and discretion of the Principal. Noncompliance may incur a non-participation fee at the discretion of the Principal per "Explanation of Tuition and Fees."
4. If a payment has not been received *within 30 days* of the due date, the child(ren) may be dismissed from the Academy unless an exception has been made by Queen of the Holy Rosary Academy and the terms of the exception are promptly met. The granting of such an exception shall not constitute a waiver of the Academy's right to enforce such a remedy later on or upon any future occasion; and
5. That any changes made to any term of this contract or to the information listed on the attached "Explanation of Tuition and Fees" sheet by any person other than an *authorized representative* of Queen of the Holy Rosary Academy shall make this contract *null and void*; and
6. That all calculations on the "Tuition Worksheet" are subject to verification and correction by authorized Academy personnel; and
7. That this agreement becomes binding on both parties upon acceptance of the child(ren) by Queen of the Holy Rosary Academy as indicated by the signature of the Principal of Queen of the Holy Rosary Academy and by the signature of one or both parents, or guardian, on this agreement.

AGREEMENT OF PARENTS (GUARDIANS):

I (We) have read, understood and agree to all the provisions in this contract and the attached sheet entitled, "Explanation of Tuition and Fees." In addition, I (We) have read and completed the "Tuition Worksheet" which is a part of this contract as per the instructions provided.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Principal _____ Date _____

SCHEDULE A
EXPLANATION OF 2018-2019 TUITION AND FEES

The following schedule explains the charges for attending Queen of the Holy Rosary Academy

TUITION: Tuition is the price of instruction for students enrolled in the Academy. The Tuition Schedule will vary for parishioners and non-parishioners. (For the purposes of calculating tuition, "parishioners" are considered those who have obtained a set of Sunday contribution envelopes for St. Mary's Assumption Church and use them regularly to contribute to the Sunday collection.)

TUITION DISCOUNTS: Tuition discounts are offered for families with more than one child attending the Academy. The discount schedule is as follows:

Oldest Child	Pay full tuition.
Second child	Pay 75% of standard tuition.
Third Child	Pay 50 % of standard tuition.
Fourth Child	Pay 25% of standard tuition.

ADJUSTED TUITION: Parents having genuine difficulty making financial obligations are asked to contact the School Principal in order to make special arrangements or to obtain additional discounts if necessary. In most cases, additional discounts require the parents to submit a copy of their most recent Federal Income Tax return.

APPLICATION FEE: A non-refundable \$25.00 per child application fee (\$50.00 per family) is charged for the registration of new students.

BOOK FEE: A non-refundable \$170.00 fee, per student, is due at registration. This fee offsets the Academy's cost of textbooks, photocopying and other supplementary classroom materials, and it includes the cost of the Grammar notebooks paid for separately in past years.

FUNDRAISING QUOTA: All families are obliged to participate in the fundraisers which will take place throughout the year. The fundraising quota is \$500 per student, (\$1,500 per family with three or more students in attendance). **Parents agree to meet or pay the fundraising quota, and the balance of which will be added to the family's tuition account.**

VOLUNTEER WORK HOURS: All families are obliged to participate in the work days, groundskeeping, school cleanings and special school hosting events throughout the year. These are preliminary opportunities, and not limited to these events, as subject to change per the judgment of the Principal. The school work days are valued at \$100 per family per event. Other events bear no price value, but family participation is vital to insure the smooth and cohesive functioning of the school.

Parents'/Guardians' initials: _____

SCHEDULE B
PAYMENTS AND REFUNDS

PAYMENTS OF TUITION AND FEES

- (1) Application, registration and book fees are due **July 1, 2018**.
- (2) Applications, registrations and book fees submitted *after July 1, 2018 will be subject to a late fee of \$50.00*
- (3) Tuition is payable in ten installments, August through May.
- (4) Installments may be prepaid at any time.
- (5) If a tuition payment cannot be made on time, parents must contact the Principal in order to make special arrangements. Failure to do so can result in dismissal from the Academy.
- (6) Any special considerations in payment arrangements such as waivers, deferments, altered payment schedules, etc. will be valid only if they are in writing and signed by the Principal.
- (7) The special arrangements contemplated in number (5) above are valid only for the current academic year, and must be renewed each year.

VOLUNTARY WITHDRAWALS AND EXPULSIONS

The following regulations apply to the students who are withdrawn by their parents before the end of the academic year or are expelled:

- (1) Registration and book fees are not refundable.
- (2) Tuition will be prorated on a monthly basis; partial months will not be refunded.
- (3) Student transcripts will not be forwarded until all financial obligations to the Academy have been met.

Parents'/Guardians' initials: _____

SCHEDULE C TUITION WORKSHEET

2018-2019 BASE TUITION: Three-day Kindergarten and three-day Pre-K tuition are not subject to the multiple child discounts.

(1) Pre-Kindergarten (3 day)	Tuition Fee:	Subtotal:
_____	\$1,900.00 parishioner	_____
Child's Name	\$2,200.00 non-parishioner	_____
Kindergarten (3 day)		
_____	\$1,900.00 parishioner	_____
Child's Name	\$2,200.00 non-parishioner	_____
Academy (Grades 1-8)	Grade:	
_____	_____	\$3,000.00 parishioner
Oldest Child		\$3,350.00 non-parishioner
_____	_____	\$2,250.00 parishioner
Second Child		\$2,512.00 non-parishioner
_____	_____	\$1,500.00 parishioner
Third Child		\$1,675.00 non-parishioner
_____	_____	\$750.00 parishioner
Fourth Child		\$837.00 non-parishioner
		Family Tuition Total \$

(2) TUITION PAYMENTS

Family tuition total a) _____

Tuition adjustments (approved by Principal) b) _____

Final Yearly Tuition Total (subtract b from a) c) _____

Monthly payments August through May (divide c by 10) d) _____

(3) REGISTRATION FEES (DUE by July 1, 2018)

Application fee for new students (\$25, 1st student; \$50, per family) a) _____

Book fee (No. of students ____ x \$170.00) b) _____

If submitting after July 1st, add \$50 late fee c) _____

Total due upon registration, (add 3a, 3b, and 3c) d) _____

(4) FUNDRAISING QUOTA

All families are obliged to participate in the fundraisers which will take place throughout the year. **The fundraising quota is \$500 per student (maximum \$1,500 per family).** Parents agree to meet or pay the fundraising quota; the balance of which will be added to the family's tuition account.

a) _____

Parents'/Guardians' initials: _____

**SCHEDULE D
FIELD TRIP RELEASE**

**PERMISSION TO TRANSPORT MINOR CHILDREN AND
RELEASE OF LIABILITY AGREEMENT**

We, _____ and _____,
Father Mother

parents of _____

hereby consent to our child's(ren's) participation in Academy field trips. We further consent to allow any of the priests of the Society of Saint Pius X, the teachers of Queen of the Holy Rosary Academy, any parishioners or other volunteers, or whomever any of these so delegate, to transport my child to and from such field trips. We further release and hold harmless Queen of the Holy Rosary Academy, St. Mary's Assumption Church, The Missouri Friends of The Society of Saint Pius X Inc, The Society of Saint Pius X, South-West District Inc., and any and every of its chapels, schools, or other subsidiaries or affiliates, and any and every of the priests, teachers, delegates, drivers, volunteers, agents, employees, officers or directors of these entities from any liability or claim of liability, including negligence, and for any personal injury, including death, (and especially including- but not limited to bodily injury or death from any motor vehicle accident) and for any other damages (including actual, compensatory, consequential, or incidental), arising from or relating to activities which take place during the event or in the travel to and from said event.

Father

Date

Mother

Date

2018-2019 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- Required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)
- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Dose Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT ¹	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+
Tdap ²									1	1	1	1	1
MCV ³ (Meningococcal Conjugate)									1	1	1		2
IPV (Polio) ⁴	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR ⁵	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B ⁶	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella ⁷	2	2	2	2	2	2	2	2	2	1	1	1	1

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.
Maximum needed: six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required.
3. Grade 8-10: One dose of MCV is required. Dose must be given after 10 years of age.
Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
4. Kindergarten-8 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
9-12 Grades: Last dose on or after the fourth birthday. Any combination of four doses of IPV and OPV constitutes a complete series. **Maximum needed:** four doses.
5. First dose must be given on or after twelve months of age.
6. There must be at least four weeks between dose one and two; at least 8 weeks between dose two and three; at least 16 weeks between doses one and three and final dose must be given no earlier than 24 weeks of age.
7. First dose must be given on or after twelve months of age.
Kindergarten-8 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.
9-12 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.





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**PERMISSION FOR SELF-ADMINISTRATION OF
MEDICATION FOR ANAPHYLACTIC REACTIONS OR ASTHMA**

Name of student: _____

Grade: _____ Teacher: _____

Medication: _____

Dosage: _____

Date started: _____

Usual conditions under which the medication is to be taken: _____

Any additional circumstances under which the medication is to be taken: _____

Length of time medication is to be taken: _____

I hereby give my permission for (name of child) _____ to administer the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

My child has been instructed on self-administration of this medication and is authorized to do so in school.

Signature of parent/guardian: _____ Date: _____

Signature of health care provider: _____ Date: _____



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REQUEST FOR PRESCRIPTION MEDICATION TO BE ADMINISTERED DURING SCHOOL ATTENDANCE

Name of student: _____

Grade: _____ Teacher: _____

Medication: _____

Dosage: _____

Date medication started: _____

Date medication will end: _____

Reason for taking this medication: _____

Time of day medication is to be given: _____

If using an inhaler, is the student able to keep at desk/locker and self-administered as needed?

- Yes • No

Signature of Physician

Date

I hereby give my permission for (name of child) _____ to take the above noted prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the physician shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering the above-named drug.

Signature of Parent or Guardian

Date

NOTE: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage, and the number of days to be administered at school. Your child should have at least one dose of medicine without an allergic reaction before bringing the medication to school.



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REQUEST FOR NON-PRESCRIPTION MEDICATION TO BE ADMINISTERED DURING SCHOOL ATTENDANCE

Name of student: _____

Grade: _____ Teacher: _____

Medication: _____

Dosage: _____

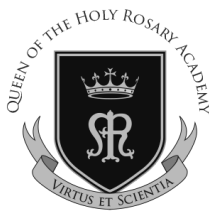
Reason for administering this medication: _____

I hereby give my permission for (name of child) _____
to take the above noted non-prescription medication at school as ordered. I understand that it is my
responsibility to furnish this medication. I further understand that any school employee who administers
any drug to my child in accordance with my written instructions shall not be liable for damages as a result
of an adverse drug reaction suffered by the student because of administering the above-named drug.

Signature of Parent or Guardian

Date

NOTE: The medication is to be brought to school in the original container appropriately labeled by the
manufacturer, stating the name of the medication, and the recommended dosage. Your child should have at least
one dose of medicine without an allergic reaction before bringing the medication to school.



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GENERAL HEALTH INFORMATION

Name of student: _____

Grade: _____ Teacher: _____

Present physical condition of the child:

Allergies (medications and food):

Regular medications:

History of seizures or convulsions?

Physical limitations:

Special need or problems:

Does the student have any physical handicaps of which the school should be informed?

Mental Concerns?

Medical Concerns?

Does the student require glasses or contacts?

Comments or remarks:

Signature of Parent

Date

Signature of Parent

Date



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Medical Treatment Consent Form

We, _____ and _____, parents of
Father Mother

_____ hereby consent on behalf of our child(ren), to any hospitalization or medical treatment by any licensed physician in the case of illness or injury to said child(ren), arising from or related to field trips or activities which take place during the **2018-2019** school year, or while our child(ren) is otherwise within the custody of any of the priests, teachers, delegates drivers, volunteers, agents, employees, officers or directors of Queen of the Holy Rosary Academy, The Society of the Saint Pius X, South-West District Inc., or of any of its chapels, schools or other subordinates or affiliated organizations in connection with the year's activities.

Father

Date

Mother

Date



Medical information

Father's Social Security No. _____

Mother's Social Security No. _____

Child's Name and Social Security No. _____

Child's Name and Social Security No. _____

Child's Name and Social Security No. _____

Child's Name and Social Security No. _____

Child's Name and Social Security No. _____

Child's Name and Social Security No. _____

Brief medical history of child, including allergies and restricted medications:

Child's physician's name, phone and address: _____

In case of emergency, please call: _____

Insurance Information

Name of Insurance Carrier: _____

Name of policyholder: _____

Policy Number: _____

Group Number: _____

Agent's name and telephone: _____



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Please complete for the QHRA Phone Tree.

The phone tree is utilized for school related communications.
An updated version of the QHRA Phone Tree will be sent home at the
beginning of the school year.

Parents' names: _____

Address: _____

Home Phone: _____

Mother: _____

Cell

Work

E-mail

Father: _____

Cell

Work

E-mail

Family address, home phone & cell numbers and email addresses will be shared, unless otherwise noted.

Work numbers and will be held for school communication only
and will not be shared.



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DRESS CODE: Pre-Kindergarten

GIRLS	BOYS
<ul style="list-style-type: none">▪ Modest skirts or dresses which allow room for running and playing with shorts underneath.▪ Modest shirts or blouses.▪ Shoes (slip-on, buckle or Velcro preferred) which are appropriate for indoor and/or outdoor play.▪ Chapel veil for chapel visits.▪ A spare set of clothing to be kept at school, should a bathroom emergency/accident occur.	<ul style="list-style-type: none">▪ Trousers which they can independently fasten and which allow room for running and playing. Because there are times when the preschoolers visit the chapel, we ask that the boys do not wear shorts.▪ Modest shirts. Shirts must be tucked into trousers.▪ Shoes (slip-on or Velcro preferred) which are appropriate for indoor and/or outdoor play.▪ A spare set of clothing to be kept at school, should a bathroom emergency/accident occur.



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DRESS CODE: Kindergarten – 8th Grade

GIRLS	BOYS
<ul style="list-style-type: none"> ▪ White oxford blouse, long or short sleeves ▪ Kindergarten through 4th grade: Jumper of style #74 only (slit front plaid box pleat); color #53 only. It should be at least two inches below the knee. ▪ Fifth through eighth grade girls are to wear a skirt instead of the jumper. It should be skirt style #34 (box pleat, plaid), color #53. ▪ Fifth through eighth grade girls will wear a Lands End navy v-neck vest with Academy emblem embroidered on it. ▪ White bobby-sock style or navy blue cable knee-highs may be worn all year long. ▪ Black shoes must be worn to accommodate inside and outside play wear. Black tennis shoes are permissible as long as all stitching and laces are black. ▪ Lands End dark blue fleece with Academy emblem embroidered on it. ▪ Navy shorts should be worn under the uniforms for recess and PE. ▪ A white chapel veil of proper size to cover the hair (not the small circular type) must be kept at school. ▪ Simple post earrings can be worn. ▪ Moderate, un-ostentatious accessories may be worn in the hair. ▪ PE clothing is to consist of modest skirt, at least one inch below the knee and offer room for running and stretching. Leggings or shorts may be worn underneath. T-shirts and sweatshirts may be worn, as long as images and slogans are of a Catholic standard. 	<ul style="list-style-type: none"> ▪ White oxford shirt, long or short sleeves ▪ Navy slacks (plain front style) no jeans or similar style; this is a <i>dress slack</i> – no outside pockets or brads are acceptable. ▪ Navy or black leather belt; stretch belt is not acceptable. ▪ Plaid clip-on tie to match the uniform – color #53 only ▪ Socks must be dress/trouser style, navy or black, to match the slacks. No ankle socks. ▪ Lands End dark blue fleece with Academy emblem embroidered on it. ▪ Black shoes must be worn to accommodate inside and outside play wear. Black tennis shoes are permissible as long as all stitching and laces are also black. ▪ No other accessories may be worn on the uniform, such as sport badges, etc. ▪ PE clothing is to consist of modest athletic short (long basketball shorts) or sweats. T-shirts and sweatshirts may be worn, as long as images and slogans are of a Catholic standard.

We ask that all parents cooperate with us in maintaining the high level of standards.

Uniform suppliers:

1. The Toggery
 - a. 11525 Cantrell Road Ste. 405, Little Rock, Arkansas 72212
 - b. (800)-207-8691
 - c. They will make custom size skirts for those girls who are taller and need extra length
2. Catholic Supply Store
 - a. 6759 Chippewa St, St. Louis, MO 63109
 - b. (314) 644-0643
 - c. They carry the #74 jumper and #34 skirts in our plaid (#53), but the skirts are shorter and in taller girls will not come 2 inches below the knee
 - d. They **do not** carry boys ties. See below.
3. Just Me Apparel
 - a. 232 Old Sulphur Spring Rd, Ballwin, MO 63021
 - b. (636) 391-3551
 - c. Their skirts are not long enough for medium to tall girls
 - d. They will order the boys ties if there are at least 12 being ordered
4. Cookies Kids
 - a. www.cookieskids.com
 - b. Boys Ties can be bought here. They need to be plaid #53
5. Lands End
 - a. School # **900174780**
 - b. Fleeces and 5th-8th grade girls vest must be bought here.
 - c. Online: Go to landsend.com/school and create or sign in to your account. Include your student and school information in My Account (or find your School using the Preferred School Number Search: **900174780**).
 - d. Start shopping with your personalized product checklist. Shop now via the direct link:
<http://www.landsend.com/pp/SchoolSearch.html?action=landing&selectedSchoolNum=900174780>
 - e. Phone: Call 1-800-469-2222 and reference your student's Preferred School Number **900174780**, grade level and gender.
 - f. In-Store: Visit your local Lands' End at Sears store. Their associates can help you with sizing information and you can place your Preferred School order online via the store kiosk. Please note, Lands' End at Sears stores may have a limited product assortment (no logo merchandise is available in the store).
 - g. • 1 Chesterfield Mall Chesterfield, MO 63017 (636) 532-8600 • 3 Mid Rivers Mall Dr Saint Peters, MO 63376 (636) 970-4500



Queen of the Holy Rosary Academy

YOUR CHECKLIST

Before submitting the enclosed forms to Queen of the Holy Rosary Academy for enrollment please check carefully to insure that you have read the enclosed material and completed the necessary forms.

1. Verify all forms have been completed and properly signed or initialed.
2. It is your responsibility to fill out your child's Release of Records Form and have the records sent to Queen of the Holy Rosary Academy. This information must be received by the Academy before your child can be enrolled.

New Students

The school considers any child not enrolled in the school during the previous semester a new student for enrollment purposes. The following are required for new student enrollment:

- Proof, on letterhead, of up-to-date fee and tuition payments from the previous school
- All academic, standardized test, and behavioral records, placement testing may be required
- Completed registration forms
- **Registration and book fees paid by July 1, 2018*** (first tuition payment due in August)
- Official birth certificate (copy)
- Physical examination, including hearing and vision screening, with physician documentation
- Baptismal and sacramental certificates (copies)
- Official custodial documents, when applicable (notarized copies)
- Updated / completed immunization record or signed conscientious objection card (state law prohibits attendance in school if immunizations are not current by the opening day of the term.)
- Meeting with the Principal

Returning Students

The following are required for returning student enrollment:

- Demonstration of adequate academic and disciplinary performance to warrant continuation
- Current in fee and tuition payments
- **Registration and book fees paid by July 1, 2018*** (first tuition payment due in August)
- Updated / completed immunization record or signed conscientious objection card (state law prohibits attendance in school if immunizations are not current by the opening day of the term.)
- Updated health records. Physicals, including hearing and vision screening, are strongly encouraged for students entering K, 4th, and 6th grades.
- Custodial / legal documents provided and up-to-date (as applicable)
- Meeting with the Principal (as applicable)

* Applications, registrations, book fees received **after July 1, 2018 will be subject to a \$50.00 late fee.**