



**EXTENDED CARE AGREEMENT**

**STUDENT NAME:** \_\_\_\_\_ (Please submit one form per child)

**Extended Care for 2015-16** (fees subject to change)

Morning (6:30-7:30) \$810/year • \$104/month • \$14/day

Afternoon (2:30-5:30) \$1,072/year • \$130/month • \$25/day

Full (Morning and Afternoon) \$1,500/year • \$175/month • \$42/day

- A late fee of \$5.00/minute will be charged for any child picked-up after 5:30 pm

**Payment Options: (All payments are through FACTS)**

- Full-Year Discounted Payment Plan (for 2-5 days/wk) - To receive the best rate, billing for the entire year will occur on Sept. 5
- Installment Payment Plan (for 2-5 days/wk) for full-year care is payable on the 5<sup>th</sup> of each month (Payments are divided into 10 installments beginning on August 5<sup>th</sup>. If payment begins after August 5<sup>th</sup>, both Aug and Sept will be billed on Sept. 5<sup>th</sup>.)
- Daily Use of the Extended Care Program is also available. Usage is tracked and billed on the 5<sup>th</sup> of the following month.

**Please select your payment option and sign below:**

<p><b>Full-Year Discounted Plan (payable on Sept. 5)</b>          AM \$810 _____          PM \$1,072 _____          Both \$1,500 _____</p>	<p><b>Installment Plan (paid Aug.- May for full-year care)</b>          AM \$104 _____          PM \$130 _____          Both \$175 _____</p>
<p><b>Per Day</b> (You may select times/days or use this service on a “drop-in” basis, tracked and billed on the 5<sup>th</sup> of the following month)          AM \$14 _____ <i>Scheduled days (ie: every Tuesday):</i>          PM \$25 _____          Both \$42 _____</p>	

Signature Primary Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Second Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_