



EXTENDED CARE AGREEMENT

STUDENT NAME: _____ (Please submit one form per child)

Extended Care for 2017-18 (fees subject to change)

Morning (6:30-7:30) \$830/year • \$110/month • \$15/day

Afternoon (2:30-5:30) \$1,095/year • \$135/month • \$26/day

Full (Morning and Afternoon) \$1,525/year • \$180/month • \$44/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 5th of each month (Payments are divided into 10 installments beginning on August 5th. If payment begins after August 5th, both Aug and Sept will be billed on Sept. 5th.)
- Daily Use of the Extended Care Program is also available. Usage is tracked and billed on the 5th of the following month.

Please select your payment option and sign below:

<p>Full-Year Discounted Plan (payable on Sept. 5) AM \$830 _____ PM \$1,095 _____ Both \$1,525 _____</p>	<p>Installment Plan (paid Aug.- May for full-year care) AM \$110 _____ PM \$135 _____ Both \$180 _____</p>
<p>Per Day (You may select times/days or use this service on a “drop-in” basis, tracked and billed on the 5th of the following month) AM \$15 _____ <i>Scheduled days (ie: every Tuesday):</i> PM \$26 _____ Both \$44 _____</p>	

Signature Primary Parent/Guardian: _____ Date: _____

Signature Second Parent/Guardian: _____ Date: _____

PLEASE RETURN THIS FORM to the school office, with signatures, on or before September 2nd. Thank you.