



**EXTENDED CARE CONTRACT**

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

**Extended Care for 2018-2019** (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 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 \$830 _____          PM \$1,095 _____          Both \$1,525 _____</p>	<p><b>Installment Plan (paid Aug.- May for full-year care)</b>          AM \$110 _____          PM \$135 _____          Both \$180 _____</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 \$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.