

STUDENT NAME: (Please submit one form per child)

EXTENDED CARE AGREEMENT

Extended Care for 2020-21 (fees	s subject to change)				
Morning (6:30-7:30) \$830/yea	ar • \$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 wi	II be charged for any child picked-up after 5:30 pm				
Payment Options: (All payments are through FACT	rs)				
	days/wk) - To receive the best rate, billing for the entire				
year will occur on Sept. 5					
, , , ,	for full-year care is payable on the 5 th of each month				
(Payments are divided into 10 installments b	peginning on August 5 th . If payment begins after August 5				
both Aug and Sept will be billed on Sept. 5 th .	.)				
 <u>Daily Use</u> of the Extended Care Program is a 	lso available. Usage is tracked and billed on the 5 th of the				
following month.					
Please select your payment option and sign below:	:				
Full-Year Discounted Plan (payable on Sept. 5)	Installment Plan (paid Aug May for full-year				
AM \$830	care)				
PM \$1,095	AM \$110				
Both \$1,525	PM \$135				
,	Both \$180				
Per Day (You may select times/days or use this ser	vice on a "drop-in" basis, tracked and billed on the 5 th				
of the following month)	·				
AM \$15 Scheduled days (ie: every Tue	esday):				
PM \$26	"				
Both \$44					
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.