



EXTENDED CARE AGREEMENT 2023-24

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

Extended Care for 2023-24 (fees subject to change)

Morning (6:30-7:30) \$990/year * \$132/month * \$17 day
Afternoon (2:30-5:30) \$1500/year * \$180/month * \$35/day
Full (Morning and Afternoon) \$2000/year * \$240/month * \$50/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 September 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 September 5th. NOTE: If agreement is made after September 5th, multiple months may be billed together.)
- 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)</p> <p>AM \$990 _____ PM \$1500 _____ Both \$2000 _____</p>	<p>Installment Plan (paid Aug-May for full-year care)</p> <p>AM \$132 per month _____ PM \$180 per month _____ Both \$240 per month _____</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)</p> <p style="text-align: center;">Scheduled days (i.e.: every Tuesday)</p> <p>AM \$17 _____ PM \$35 _____ Both \$50 _____</p>	

Signature Parent/Guardian: _____
Date: _____

PLEASE RETURN THIS FORM to the school office or via email to msheetz@carlislechristian.org, with signatures, on or before August 11th. Thank you.