



EXTENDED CARE AGREEMENT 2025-26

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

Extended Care for 2026-26 (fees subject to change)

Afternoon (2:30-5:30) \$1625/year * \$190/month * \$38/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 August 5th.
- 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. NOTE: If agreement is made after August 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:

Full-Year Discounted Plan (payable on Aug. 5th) PM \$1625 _____	Installment Plan (paid Aug-May for full-year care) PM \$190 per month _____
Per Day (You may select times/days or use this service on a “drop-in” basis, tracked and billed on the 5 th of the following month) <div style="text-align: center;">Scheduled days (i.e.: every Tuesday)</div> PM \$38 _____	

Signature Parent/Guardian: _____ Date: _____

PLEASE RETURN THIS FORM to the school office or via email to msheetz@carlislechristian.org, with signatures, on or before July 31st. Thank you.