



## 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 5<sup>th</sup>.
- 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>. NOTE: If agreement is made after August 5<sup>th</sup>, multiple months may be billed together.)
- 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:**

|   |   |
|---|---|
| <b>Full-Year Discounted Plan (payable on Aug. 5<sup>th</sup>)</b><br><br>PM \$1625 _____  | <b>Installment Plan (paid Aug-May for full-year care)</b><br><br>PM \$190 per month _____ |
| <b>Per Day (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)</b><br><br>Scheduled days (i.e.: every Tuesday)<br><br>PM \$38 _____ |   |

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM** to the school office or via email to [business@carlislechristian.org](mailto:business@carlislechristian.org), with signatures, on or before July 31st. Thank you.