

## EXTENDED CHILD CARE CONTRACT

We offer extended care for families who have work or school schedules that make it a hardship for them to pick up their child at the usual departure time. We have limited space available as teachers meet after session to give feedback to students that maintains the quality of our program.

\*\*\*\*\*

We the parents of \_\_\_\_\_ have a hardship which prevents us from meeting the arrival and/or departure times. Therefore, we wish to send our child to extended care for the days and hours indicated for the designated semester.

1. Semester:  
[ ] Fall, \_\_\_\_\_ [ ] Spring, \_\_\_\_\_

<i>OFFICIAL USE ONLY</i>
DATE FEES PAID:
FALL SEMESTER _____
SPRING SEMESTER _____

2. [ ] AM Session      11:30 – 12:00      Amount Due: \$225.00

3. [ ] PM Session      3:30 – 5:00      Amount Due: \$540.00

4. Adjustments  
a. [ ] Sliding Scale Tuition Program: \$ \_\_\_\_\_  
b. [ ] Adding aftercare later in the semester: \$ \_\_\_\_\_

5. Total cost for the semester.

AM Session      Total \$ \_\_\_\_\_.

PM Session      Total \$ \_\_\_\_\_.

We agree to pay the charges for this service at the cashiers office with a completed deposit slip attached. We understand this fee is payable in advance of each semester and that fees will be charged for hours reserved regardless of absences or non-attendance.

\_\_\_\_\_  
Parent/Guardian and relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian and relationship

\_\_\_\_\_  
Date