

# Extended Day **Extended Day 2017/2018 Contract**

Student Name (First & Last) \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name (First & Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### **Please Circle the Days your student will attend Extended Day**

**AM 7:30 – 8:30**                      Monday      Tuesday      Wednesday      Thursday      Friday

**PM 2:40 – 5:30**                      Monday      Tuesday      Wednesday      Thursday      Friday

*Billing cycles are calculated pre-pay flat rate by the month.*

#### **Morning Care:**

Five days per week	\$60	per month
Four days per week	\$48	per month
Three days per week	\$36	per month
Two days per week	\$24	per month
One day per week	\$12	per month

*All monthly rates allow pick-up until 5:30*

#### **After Care:**

Five days per week	\$250	per month
Four days per week	\$200	per month
Three days per week	\$150	per month
Two days per week	\$100	per month
One day per week	\$50	per month

I, \_\_\_\_\_ (printed name), agree to the terms of the above contract.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Effective Date**