



A *love* for God.
A desire to *learn*.
A commitment to *serve*.

EXTENDED CARE CONTRACT

I, _____, plan to use the SJCS' extended care program.
(Parent name)

Name of child(ren) attending extended care:

_____	Grade _____	<input type="checkbox"/>	7:00-8:00AM	<input type="checkbox"/>	3:00-6:00PM
_____	Grade _____	<input type="checkbox"/>	7:00-8:00AM	<input type="checkbox"/>	3:00-6:00PM
_____	Grade _____	<input type="checkbox"/>	7:00-8:00AM	<input type="checkbox"/>	3:00-6:00PM
_____	Grade _____	<input type="checkbox"/>	7:00-8:00AM	<input type="checkbox"/>	3:00-6:00PM

Circle days attending: M T W TH F

The school will be responsible for the supervision and discipline of my child(ren) during this time and notify me of any change in policy. The school will bill me at the rate of \$4.50 per hour per child. **I understand that I will be charged \$5.00 for the first five minutes after 6:00 P.M. & \$2.00 each minute thereafter until my child(ren) are picked up.**

Billing periods for day care will be from the 1st through the 30th/31st of the month. Day care bills are due on the 15th of the following month and may be paid with tuition. A late fee of 5% of the late balance or \$5.00, whichever is greater, will be applied to all delinquent accounts. Day care bills may be paid with tuition; please specify if your tuition payment includes payment for day care.

I have read and agree to abide by the terms of this contract and the extended care procedures as outlined in the Extended Care Handbook.

(Signature)

(Date)

Persons authorized to pick up my children:

(Name)

(Phone)

(Name)

(Phone)

(Name)

(Phone)

(Name)

(Phone)

If you have any questions, please contact Mrs. Synamon Reeves at 408-371-7741 x228.