



## Extended Day Full & PT Contract 2018-2019

\*Child's Name: 1. \_\_\_\_\_ Grade: \_\_\_\_\_  
2. \_\_\_\_\_ Grade: \_\_\_\_\_  
3. \_\_\_\_\_ Grade: \_\_\_\_\_  
4. \_\_\_\_\_ Grade: \_\_\_\_\_

\*Contract for the Month of: \_\_\_\_\_

Please check your preference below:

**CHECK** Enclosed:

\_\_\_\_\_ **Plan A:** (AM & PM to 5PM) \_\_\_\_\_ **Plan B:** (AM& PM to 6PM) \_\_\_\_\_ **Hourly Drop In**

**FACTS** \_\_\_\_\_ **Yearly: Plan A** \_\_\_\_\_ **Yearly: Plan B**

*Include the total \$ amount that will be charged to FACTS*

(This amount will be added to your FACTS account and deducted on a monthly basis Sept. through June.)

### \*Terms of Contract:

*Contract and fees are due in advance by the first of each month.*

*After a one-time notification, outstanding fees for one month may cause dismissal from the Extended Day Program. **Please pay year-end balances by the last day of school to avoid a \$50.00 late fee.***

*A late fee will be charged at \$4.00 per minute per child after 6:00 PM.*

*Improper behavior as described in the Saint Ann School Parent/Student Handbook may require detention, suspension or withdrawal from the program.*

**I have read and understand the terms of this contract.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Office Use Only:**

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by: \_\_\_\_\_