

EXTENDED DAY AGREEMENT 2006/2007

This contract states that we (I) _____ being the parent(s) or guardian(s) of _____ agree to pay St. Pascal's Extended Day Program monthly for the hours contracted for. There is an additional fee for any hours used before or after your contracted time. There is \$25.00 non-refundable registration fee.

Days and hours needed (Please indicate ALL drop off and pick up times)

PLEASE FILL IN ALL HOURS BELOW

<u>Days Available</u>	<u>Before School</u>	<u>After School</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Agreement

I agree to give, in writing, a two week notice prior to the termination of this agreement, or I will be charged for those two weeks. Fees for children cared for on a regular basis will be paid every month.

If your child has an appointment or you pick your child up earlier than the contracted time, no credit will be given, nor will missed days be credited.

The center is closed at 6:00 p.m. There will be a late fee assessed for every ten minutes, for every child not picked up by 6:00 p.m. Those charges shall be paid directly to the staff member waiting with your child(ren).

Parent Signature	Date	Director's Initials
------------------	------	---------------------

(Office Use)

Registration Fee Pd _____	Date _____	Check # _____
---------------------------	------------	---------------