# EXTENDED DAY AGREEMENT 2009/2010

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

| Days Available | Before School | After School |
|---|---|---|
| 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

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(Office Use)

Registration Fee Pd _______ Date __________ Check # __________