

# Preschool Aftercare Program Registration Contract

September 2017 – June 2018

Student Name:

My child, named above, will be attending the Preschool Aftercare Program during the 2017-2018 school year. Preschool Aftercare is available Monday – Friday on days when school is in session from Thursday September 7, 2016 through Tuesday June 12, 2017.

Please select the day(s) and times of the week that your child will be attending the Aftercare Program. **This contract and payment must be submitted to the school before your child's place is reserved.** No refunds will be made for days missed due to absences (including illness, vacation, etc.) during your contract. If you wish to make a change to your scheduled days, complete a new registration contract and submit it to the front office. New agreements cannot be back dated.

## Yearly Contract: September 2017 – June 2018

Monday:  12:45-3:05 \$15.00/day 30 Mondays \$450

12:45-5:20 \$30.00/day 30 Mondays \$900

Tuesday:  12:45-3:05 \$15.00/day 34 Tuesdays \$510

12:45-5:20 \$30.00/day 34 Tuesdays \$1020

Wednesday:  12:45-3:05 \$15.00/day 32 Wednesdays \$480

12:45-5:20 \$30.00/day 32 Wednesdays \$960

Thursday:  12:45-2:00 \$10.00/day 33 Thursdays \$330

12:45-3:05 \$15.00/day 33 Thursdays \$495

12:45-5:20 \$30.00/day 33 Thursdays \$990

Friday:  12:45-3:05 \$15.00/day 32 Fridays \$480

12:45-5:20 \$30.00/day 32 Fridays \$960

**There are no Preschool classes or Aftercare on Wed. Dec. 20th**

**Contract Use**

*Please select your payment option if you have signed up for contract aftercare:*

I will pay for the full contract charges selected above by check or credit card within 30 calendar days of signing and submitting this form.

I already have a FACTS account on file and wish to pay for the contract charges selected above monthly.

I already have a FACTS account on file and wish to pay for the contract charges selected above biannually (Sep. '17 and Jan. '18).

I do not have a FACTS account on file and will complete and submit a FACTS form within 30 days of signing and submitting this form in order to pay for the contract charges selected above.

**Occasional Use**

*Please check these boxes if you wish to use drop-in only:*

Drop in rates will be higher than contract rates. If you wish to use drop-in only, please check this box.

I understand that my child will not be able to attend aftercare on a drop-in basis until I complete and return the drop-in payment authorization form located at the front office and will be billed accordingly each month.

I understand there may not be space for my child in aftercare if I do not sign a contact. If I need drop in care I will contact the Front Office as soon as possible so they can check for availability.

**Signature/s**

By typing my/our name(s) on this electronic record, I/we am/are supplying my/our electronic signature with the intent to sign this Agreement and agree to its terms.

Please type name here: \_\_\_\_\_

Please sign name here: \_\_\_\_\_

Date:  /  /

