

CCDS 2019-2020 (1st-8th grade) Contract

Expanded Learning Program

Student Name (First & Last) _____ Grade _____

Parent's Name (First & Last) _____

Mailing Address _____

Home phone number _____ Cell phone number _____

Email Address _____

All monthly rates allow pick-up until 6:00 pm.

Please circle the days your student will attend
ASP:

One day per week	\$65/mo	Monday
Two days per week	\$105/mo	Tuesday
Three days per week	\$140/mo	Wednesday
Four days per week	\$165/mo	Thursday
Five days per week	\$200/mo	Friday

Credit Card Payment

I, _____ (please print name), authorize Chico Country Day School to charge my Visa/Mastercard on the first of each month in the amount of \$ _____.

Parent Signature

Billing Zip Code

Credit Card Number

Expiration Date

Any contract change must be submitted in writing to the ASP Office by the 15th of the month and will be effective the following month.

Cash, checks and Visa/Mastercard payments are accepted.

Payments must be received by the 5th of the month to avoid a \$15 late fee. Payment must be received by the 15th of the month to avoid disenrollment.

If disenrolled, your child will be placed on the waiting list.

All monthly fees are based on a 4 week month.

A \$25 registration fee will be assessed for all contract changes or reenrollment.

I, _____ (printed name), agree to the terms of the above contract.

Parent Signature

Date

Effective Date