

OUR LADY OF GUADALUPE SCHOOL EXTENDED CARE PROGRAM

562/697-9726 (8am-3pm) • 562/760-4546 (3pm-6pm) • 562/690-3173 (Billing Inquires)

FAMILY NAME _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

I would like to use the Extended Care Program for the following (Check all that apply):

CONSISTENT CARE: _____ AM _____ PM _____ FULL

DROP-IN ONLY: _____

GENERAL POLICY:

- There is a registration fee per family.
- I understand that additional fees may be added to my account if payments are received late, if students are picked up after 6 p.m., failure to sign students out and if I fail to meet the policy expectations in the Parent Handbook.
- I understand that I am responsible to contact the Director in writing at any time I wish to change this contract and complete a new "Extended Care Program Contract".
- There is a \$25 fee for all returned checks.

CONSISTENT CARE: _____ (please initial)

- I agree to pay the Extended Care Program \$ _____ per month.
- I understand that Extended Care in excess of the above agreement will be subject to the Early Drop Off/Late Pickup fees.
- I understand I will be required to pay the first day of each month September through May. June may be due if enrolled after January 1.
- I understand fees are due and payable on the first of each month, late as of the 5th and that Extended Care will terminate on the 20th if fees remain unpaid.
- I understand that I must give the Director a written notice two weeks prior to students last day in the Program. I understand that I am responsible to pay fees for the two weeks following the notice.

DROP-IN CARE: _____ (please initial)

- I agree to pay the Extended Care Program initially _____ for _____ hours.
- I understand hours MUST be purchased in advance, or I will be charged and additional \$6.00 for every ten hours delinquent.
- I understand that Extended Care will be increased to \$8.00 per hour if the account is overdrawn for a two week period. The new rate will be retroactive to the date the account was overdrawn until a reasonable number of hours have been purchased (to be determined by the Director).
- I understand that time is calculated to the nearest quarter hour.

I understand and agree to the terms stated above as well as those specified in the Parent Handbook.

Parent Signature

Date

REGISTRATION PAYMENT:

Date _____ Check No. _____ Registration Paid \$ _____ Total Paid \$ _____