

Family Name _____

2020-2021
LUNCH BUNCH FINANCIAL CONTRACT
(Pre3/4K)

Holy Spirit School Wrap-Around Childcare shall provide Lunch Bunch Care for the following child(ren):

Name(s) _____ Grade _____

Parent/Guardian Name: _____ Phone# _____

Email: _____

**My child(ren) will require scheduled Lunch Bunch Care during the following times (list specific times and days for each child)
AVAILABLE from 11:05 a.m.-12:30 p.m. *Pick up after 12:30 p.m. will result in \$38.00 Occasional Extended Care charge.***

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WKLY COST PER CHILD	TOTAL WKLY COST
<i>Sample 11:05am-12:15pm</i>		<i>Sample 11:05am-12:15pm</i>		<i>Sample 11:05am-12:15pm</i>	<i>Sample \$21.00 (# of days x \$7.00)</i>	<i>Sample \$21.00 (wkly cost X # kids)</i>

*I am interested in **Off School Day Childcare.** (\$45/all day per child or \$34.00/early dismissal day per child)

____ Yes (we will notify you prior to scheduled days off for registration)

____ No

SIGNATURES TO AGREEMENT:

For services listed in this agreement, I agree to pay the weekly sum of \$_____ (the sum of all "Total Weekly Cost" columns above) in advance. Please make checks payable to: **Holy Spirit School**. Parents/Guardians will be given a weekly invoice which will cover all hours for the upcoming week. Payment is due in full by the Friday **prior** to care. Online payments will be accepted up to Sunday. If fees are not paid on time, a \$15 late fee will be added. If all fees are not received within one week, childcare services will be suspended without notice until full payment is received.

I hereby agree to comply with the rules and regulations of Holy Spirit School Wrap-Around Childcare Program as specified in the current Program Handbook, understand that rates will not be adjusted due to absences and agree to abide by the arrival and departure times above. I understand that if my child(ren) is not picked up by 12:30 p.m. I will be charged \$38.00.

I also agree to give a written notice to the Childcare Coordinator prior to withdrawing my child from the Wrap-Around Childcare Program.

My signature below indicates that all my questions have been satisfactorily answered.

Parent/Legal Guardian Signature _____ Date _____

Childcare Coordinator Signature _____ Date _____