

Family Name _____

2020-2021
EXTENDED DAY CHILDCARE FINANCIAL CONTRACT

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

Name(s) _____ Grade _____

_____ Grade _____

Parent/Guardian Name: _____ Phone# _____

Email: _____

____ I need **SCHEDULED Extended Day Childcare, \$34** (Complete **BACKSIDE** of this form)

**scheduled care is defined as care that is recurring on the same days each week.*

____ I am **ONLY** interested in **Occasional Extended Day Childcare, \$38** (**DO NOT** fill out backside)

**occasional care is defined as care that is inconsistent*

Cost is \$38.00/day per child for Occasional Extended Care.

Sign up for Occasional Care needs to be completed by 8:00 a.m. the day prior to needed service or by Friday for care on Monday.

*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

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 and agree to abide by the specified arrival and departure times. Also, I understand that rates will not be adjusted due to absences.

Parent/Guardian Signature _____

My child(ren) will require scheduled Extended Care (\$34.00/day per child) during the following times (list specific times and days for each child) AVAILABLE from 11:05 a.m.-5:45 p.m.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WKLY COST PER CHILD	TOTAL WKLY COST
<i>Sample 11:05am-4:30pm</i>		<i>Sample 11:05am-4:30pm</i>		<i>Sample 11:05am-4:30pm</i>	<i>Sample \$102.00 (# days x \$34.00)</i>	<i>Sample \$202.00 (wkly cost X # kids) (\$102.00 X 2)</i>

If your child(ren) will require Before School Child Care (extra \$7.00/day per child) in addition to their PM Extended Day Child Care, please indicate specific times and days below. AVAILABLE 6:45 a.m.-7:45 a.m. At 7:45 children will join their respective classes outside for supervised care until their classroom teacher arrives to pick them up.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WKLY COST PER CHILD	TOTAL WKLY COST
<i>Sample 6:45am-7:45am</i>		<i>Sample 6:45am-7:45am</i>		<i>Sample 6:45am-7:45am</i>	<i>Sample \$21.00 (# days X \$7.00)</i>	<i>Sample \$42.00 (wkly cost X # kids) (\$21.00 X 2)</i>

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 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 _____