**2022-2023 School Year SS. Philip and James School**

**Extended Care**

**ENROLLMENT AGREEMENT**

Child’s Name/Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

## Enrollment Program

Please check the program(s) for which you wish to enroll your child and circle the day(s) on which he/she will attend.

\_\_\_\_\_ Before school care (6:30 a.m. – 8:15 a.m.) **M T W TH F**

**\_\_\_\_\_** After school care (3:15 p.m. – 6:00 p.m.) **M T W TH F**

\_\_\_\_\_ Approximately what time will your child be picked up?

\_\_\_\_\_ My child will use the program on an occasional basis. I will send in written notice of intended use no

later than the morning of attendance.

### Fee Schedule\* 1st Child Ea. Additional Child

Before school $8.50 per day $6.00 per day

After school $10.00 per day $7.50 per day

### Late pick up fee $5.00 per 15 minutes after 6:00 p.m.

Invoices will be sent out monthly and due upon receipt.

If you know in advance that your child will not attend that day please send a written note.

\*I have read and agree to abide by the policies and fee arrangements stated above\*

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration is complete when the Enrollment Form and Emergency Medical Information Form have been**

**completed and returned. No student will be permitted to use the program until**

**all of these are received.**