



## Fall School Support Agreement Form 2020

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

School District \_\_\_\_\_ School Name \_\_\_\_\_ Teacher \_\_\_\_\_

**Cost:**

# of Days	Price	Pre / Post Care* <small>*price covers both pre &amp; post care</small>
1	\$50	\$20
2	\$95	\$40
3	\$132	\$60
4	\$170	\$70
5	\$199	\$80

\* We reserve the right to determine days of offering based on the level of interest.

**Care Needed:**

Days of the week you plan on attending (check all that apply):

\_\_\_ Monday      \_\_\_ Tuesday      \_\_\_ Wednesday      \_\_\_ Thursday      \_\_\_ Friday

Pre Care - 7:00 to 8:30 AM

\_\_\_ Monday      \_\_\_ Tuesday      \_\_\_ Wednesday      \_\_\_ Thursday      \_\_\_ Friday

Post Care - 3:00 to 6:00 PM

\_\_\_ Monday      \_\_\_ Tuesday      \_\_\_ Wednesday      \_\_\_ Thursday      \_\_\_ Friday

**Additional Items:**

- Medical Care, if required, will be paid for by the parents. Transportation to and from the center will be provided by the parents.
- We are staffed until 6:00 PM. If you arrive after 6:00 PM to pick up your child, a late fee will be charged per family (1 minute to 15 minutes late = \$15.00 each additional Minute \$1.00)
- according to the following schedule and must be paid at the time of pick up by check or cash.
- LATE PICKUP FEE: 1 minute to 15 minutes late = \$15.00 each additional Minute \$1.00

**Enrollment Date:** \_\_\_\_\_

**Date of Withdrawal** \_\_\_\_\_

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date