

Scheduled Extended Care Form

| Scheduled EXTENDED CARE | TIME BLOCK | Monthly Fee <i>for one day of the week</i> | Number of Days Per Week | Total Monthly Cost |
|----------------------------|--------------------|---|----------------------------|-----------------------|
| Early Morning Care | A 7:30am – 8:45am | \$18.00 | x | = |
| After School Care | B 12:00pm – 2:00pm | \$29.00 | x | = |
| After School Care | C 2:00pm - 5:30pm | \$49.00 | x | = |
| FULL TIME OPTION | 7:30am-5:30pm | * | 5 | = \$555.00* |

Time Blocks A, B and C will be added to the monthly class tuition rate.

** The FULL TIME OPTION includes the monthly class tuition fee and Blocks A, B and C.*

Check beside the number where you
can be reached during child care hours.

Name of Child: _____ Home Phone: _____

Parent's/Guardian's Name(s): _____ Cell Phone: _____

_____ Work Phone: _____

Place a check in the Time Blocks you need for each day of the month.

FIRST SEMESTER

| AUGUST | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

| SEPTEMBER | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

| OCTOBER | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

| NOVEMBER | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

| DECEMBER | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

SECOND SEMESTER

| JANUARY | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

| FEBRUARY | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

| MARCH | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

| APRIL | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

| MAY/JUNE | Mon | Tues | Wed | Thurs | Fri |
|----------------|-----|------|-----|-------|-----|
| A 7:30-8:45AM | | | | | |
| B 12:00-2:00PM | | | | | |
| C 2:00-5:30PM | | | | | |

Changes in Scheduled Care must be communicated to the Director by the 25th day of the month prior to change what will be billed.

Signature: _____ Date: _____