

SACRED HEART SCHOOL EXTENSION PROGRAM

123 W. Market Street, Salinas, CA 93901
(831) 771-1310 Ex 14

DAILY AGREEMENT FORM GRADES TK

My child: _____ Grade: _____

My child: _____ Grade: _____

1. Please circle the days you plan to use the program.

Important Dates:

January 1st – 6th No School
January 21st No School

January 2019				
Mon	Tues	Wed	Thur	Fri
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

2. (A) After School 12:00 till 3:00 \$12.00 per day \$12.00 X _____ #days = _____

(B) After School 12:00 till pickup \$17.00 per day \$17.00 X _____ #days = _____

*** 5:45 p.m. closing *** \$ 7.00 X _____ #days = _____

(C) Morning 7:00 - 8:00am \$7.00 per day Number of children: X _____

Grand Total: \$ _____

Agreement forms are due the **25th** of the month prior to use. Payment will be deducted from your FACTS account. **A drop in rate of \$15.00/12:00pm till 3:00pm pickup and/or \$22.00/12:00pm till 5:45pm pickup** will be assessed on agreement forms not received by the **25th**. Due to limited space available in our program, if your agreement form is late your child's space may be given to children on the waiting list.

Please call if your child will not be attending on his/her scheduled day.

I have read this Agreement and agree to its terms.

Parent/Guardian Signature: _____ Date: _____

Please return this agreement to the Sacred Heart School Extension Program. Make checks and/or money orders payable to: Sacred Heart Extension Program. Refer to the handbook for fees and payment terms and information.

Do Not Write Below This Line -

Date Received: _____

Total Received: _____

Check #: _____

Under Paid: _____

Over Paid: _____

Late Fee: _____

SACRED HEART SCHOOL EXTENSION PROGRAM

123 W. Market Street, Salinas, CA 93901
(831) 771-1310 Ex 14

DAILY AGREEMENT FORM GRADES K - 8

My child: _____ Grade: _____

My child: _____ Grade: _____

1. Please circle the days you plan to use the program.

Important Dates:

January 1st – 6th No School
January 21st No School

January 2019				
Mon	Tues	Wed	Thur	Fri
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

2. (A) After School 3:00 till pickup \$12.00 per day \$12.00 X _____ #days = _____
- (B) After School 12:30 till pickup \$17.00 per day \$17.00 X _____ #days = _____
- *** 5:45 p.m. closing ***
- (C) Morning 7:00 - 8:00am \$7.00 per day \$7.00 X _____ #days = _____
- Number of children: X _____
- Grand Total: \$ _____

Agreement forms are due the **25th** of the month prior to use. Payment will be deducted from your FACTS account. **A drop in rate of \$15.00/3:00pm till 5:45pm pickup and/or \$22.00/12:30pm till 5:45pm pickup** will be assessed on agreement forms not received by the **25th**. Due to limited space available in our program, if your agreement form is late your child's space may be given to children on the waiting list.

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Date Received: _____ Total Received: _____ Check #: _____

Under Paid: _____ Over Paid: _____ Late Fee: _____