

# 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:**

**May 27<sup>th</sup>                      No School**  
**\*June 5<sup>th</sup>                      Minimum Day**  
**\*June 6<sup>th</sup>                      Minimum Day**  
**No PM Extension**

May/June 2019				
Mon	Tues	Wed	Thur	Fri
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
<del>27</del>	28	29	30	31
3	4	5*	6*	

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 \*\*\*
- (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 **25<sup>th</sup>** 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 **25<sup>th</sup>**. 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 -**

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Date Received: \_\_\_\_\_ Total Received: \_\_\_\_\_ Check #: \_\_\_\_\_

Under Paid: \_\_\_\_\_ Over Paid: \_\_\_\_\_ Late Fee: \_\_\_\_\_

# SACRED HEART SCHOOL EXTENSION PROGRAM

123 W. Market Street, Salinas, CA 93901  
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## 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:**  
**May 27<sup>th</sup> No School**  
**\*June 5<sup>th</sup> Min. Day**  
**\*June 6<sup>th</sup> Min. Day**  
**No PM Extension**

May/June 2019				
Mon	Tues	Wed	Thur	Fri
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
<del>27</del>	28	29	30	31
<del>3</del>	4	5*	<del>6*</del>	

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 **25<sup>th</sup>** 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 **25<sup>th</sup>**. 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.

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Date Received: \_\_\_\_\_ Total Received: \_\_\_\_\_ Check #: \_\_\_\_\_  
 Under Paid: \_\_\_\_\_ Over Paid: \_\_\_\_\_ Late Fee: \_\_\_\_\_