

# 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.

<b>Important Dates:</b>  <b>September 3<sup>rd</sup>      No School</b>
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September 2018				
Mon	Tues	Wed	Thur	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

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 \$15.00/12:00 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 -**

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: \_\_\_\_\_

My Child: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Important Dates:**

**September 3<sup>rd</sup>                      No School**

September 2018				
Mon	Tues	Wed	Thur	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

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 \$15.00/3:00 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.

**Do Not Write Below This Line -**

Date Received: \_\_\_\_\_

Total Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Under Paid: \_\_\_\_\_

Over Paid: \_\_\_\_\_

Late Fee: \_\_\_\_\_