



Office Use Only:	Class:	MWF	TTH	AM	PM	Front	Back
Info Logged:	<input type="checkbox"/>	EAC All	<input type="checkbox"/>	This Week/Next Week	<input type="checkbox"/>	Billing	

REGULAR EARLY/AFTER CARE CONTRACT - 2020-2021

CHOOSE HOURS CAREFULLY - THERE ARE NO CREDITS GIVEN for absence

*** Return completed form to our office no later than the 25th of the month before hours are needed. ***
 Contract Early/After Care charge is \$8.50/hour with a 10% discount (Non-contract care is \$8.50/hour).
 Complete & sign below for regularly needed care that will be added to your monthly tuition bill a month in advance.
No credits given for missed hours.

1. **Child's First & Last Name:** _____

_____ This is a **NEW** contract. Previous school year's contract is VOID.

_____ This is a **REVISION** of an existing contract (replacing a current contract with a different schedule)
Please indicate all desired hours, including those already under contract that are NOT changing.

2. **Please start our contract on** (fill in dates) _____ **and end on** _____ .

3. **Parent or Guardian Signature:** _____ **Date:** _____

4.	<u>DAYS</u>	<u>TIME CARE IS NEEDED</u>
	Example: Tuesdays	<u>8-9 AM, 12-3:30 PM</u>
	Mondays	_____
	Tuesdays	_____
	Wednesdays	_____
	Thursdays	_____
	Fridays	_____

** OFFICE USE ONLY **	
SEPT: _____	AUG: _____
OCT: _____	FEB: _____
NOV: _____	MAR: _____
DEC: _____	APR: _____
JAN: _____	MAY: _____
	JUN: _____