

# EXTENDED CARE AGREEMENT

I, \_\_\_\_\_, have enrolled my child/children in the Good Shepherd Catholic School Extended Care Program. I agree to pay a weekly fee based on the amount of hours my child/children attend the program.

The weekly fee will be based on the following hourly fees:

7:00 a.m. - 7:30 a.m.

2:30 p.m. - 6:00 p.m. A fee of \$3.80 per hour will be charged for attendance during these hours. Charges will be calculated by 15 minute intervals.

A one time per year registration fee of \$40.00 per child (\$55.00 per family) will be charged at the time of registration.

## LATE FEES

An additional fee of \$10.00 will be charged for the first 5 minutes **or fraction of 5 minutes** past the hour of 6:00 p.m. that the child/children is/are not picked up.\*\*

For each minute after 6:05 p.m., a late fee of \$1.00 per minute will be charged.

**\*\* A \$20.00 late fee will be charged for each subsequent late pick-up.**

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

Print name of Parent/ Guardian

Parent # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Guardian

Students attending the program:

Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach registration fee payment along with this form.**