

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: _____

My child: _____ Grade: _____

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

| | |
|--------------------------------|-----------------|
| Important Dates: | |
| October 16th | Min. Day |
| October 25th | Min. Day |
| October 31st | Min. Day |

| October 2019 | | | | |
|--------------|-----|-----|------|-----|
| Mon | Tue | Wed | Thur | Fri |
| | 1 | 2 | 3 | 4 |
| 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 ***

(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 \$15.00/12:00 till 3:00pm pickup and/or \$22.00/12:00pm till 5:45pm pickup** will be assessed on agreement forms not received by the **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: _____

FACTS Date _____

FACTS \$ _____

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: | |
| October 16th | Min. Day |
| October 25th | Min. Day |
| October 31st | Min. Day |

| October 2019 | | | | |
|--------------|-----|-----|------|-----|
| Mon | Tue | Wed | Thur | Fri |
| | 1 | 2 | 3 | 4 |
| 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 \$15.00/3:00 till 5:45pm pickup and/or \$22.00/12:30pm till 5:45pm pickup** will be assessed on agreement forms not received by the 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: _____

FACTS Date _____

FACTS \$ _____