

# 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:**  
**December 6<sup>th</sup>**            **No School**  
**December 19<sup>th</sup>**        **Min. Day**  
                                  **No after school**  
                                  **extension.**  
**December 20<sup>th</sup> - 6<sup>th</sup>**   **No School**  
                                  **Christmas break**

| December 2019 |               |               |               |               |
|---------------|---------------|---------------|---------------|---------------|
| Mon           | Tue           | Wed           | Thur          | Fri           |
| 2             | 3             | 4             | 5             | 6             |
| 9             | 10            | 11            | 12            | 13            |
| 16            | 17            | 18            | 19*           | 20            |
| <del>23</del> | <del>24</del> | <del>25</del> | <del>26</del> | <del>27</del> |
| <del>30</del> | <del>31</del> |               |               |               |

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: \_\_\_\_\_

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:**  
**December 6<sup>th</sup>**            **No School**  
**December 19<sup>th</sup>**        **Min. Day**  
                                  **No after school**  
                                  **extension.**  
**December 20<sup>th</sup> - 6<sup>th</sup>**    **No School**  
                                  **Christmas break**

| December 2019 |               |               |               |               |
|---------------|---------------|---------------|---------------|---------------|
| Mon           | Tue           | Wed           | Thur          | Fri           |
| 2             | 3             | 4             | 5             | 6             |
| 9             | 10            | 11            | 12            | 13            |
| 16            | 17            | 18            | 19*           | <del>20</del> |
| <del>23</del> | <del>24</del> | <del>25</del> | <del>26</del> | <del>27</del> |
| <del>30</del> | <del>31</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 \$15.00/3:00 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.

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**Do Not Write Below This Line -**

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

FACTS Date \_\_\_\_\_

FACTS \$ \_\_\_\_\_