

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: _____

Important Dates:

March 13th No School
*March 18th Minimum Day

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

March 2020				
Mon	Tues	Wed	Thur	Fri
2	3	4	5	6
9	10	11	12	13
16	17	18*	19	20
23	24	25	26	27
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: \$ _____

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