SACRED HEART SCHOOL EXTENSION PROGRAM

123 W. Market Street, Salinas, Ca. 93901
(831)771-1310 Ex. 14

DAILY AGREEMENT FORM
PART TIME ONLY
GRADE TK

My child:_____Grade:_____

My child:_____Grade:_____

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

Important Dates:

***February 9th**	**No School**
***February 18th**	**No School**
***February 21st**	**No School**

February 2022

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				

2.(A) After School 12:00 till 3:00	$12.00 per day	$12.00 X_____#days = _____
(B) After School 12:00 till pickup ***5:45 p.m. closing***	$17.00 per day	$17.00 X_____#days = _____
(C) Morning 7:00 - 7:45	$ 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 $15.00/12:00pm 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 or email this agreement to the Sacred Heart School Extension Program.
Email: csuibielski@shschool.com

Date Received:_____ FACTS:_____

SACRED HEART SCHOOL EXTENSION PROGRAM

123 W. Market Street, Salinas, Ca. 93901
(831)771-1310 Ex. 14

DAILY AGREEMENT FORM
PART TIME ONLY
GRADE K-8

My child:_____Grade:_____

My child:_____Grade:_____

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

Important Dates:

***February 9th**	**No School**
***February 18th**	**No School**
***February 21st**	**No School**

February 2022

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				

2.(A) After School 3:00 till pickup	$12.00 per day	$12.00 X_____#days = _____
(B) After School 12:30 till pickup ***5:45 p.m. closing***	$17.00 per day	$17.00 X_____#days = _____
(C) Morning 7:00 - 7:45	$ 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 $15.00/12:00pm 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.

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Parent/Guardian Signature:_____Date:_____
Please return or email this agreement to the Sacred Heart School Extension Program.
Email: csuibielski@shschool.com

Date Received:_____ FACTS:_____