



2023-24 Agreement & Authorization Form (Full & Part Time)

Student Information:

Last Name

First Name

Grade

Last Name

First Name

Grade

Last Name

First Name

Grade

Enrollment:

Full Time (5 days per week): ☐ Before School Only ☐ Before & After School ☐ After School Only

Part Time: (*days vary) ☐ Before School Only ☐ Before & After School ☐ After School Only

*Part time attendees must complete the monthly "Daily Agreement Form" by the 25th of each month. Daily Agreement forms will be posted on Beehively under FILES tab & on school website extended care tab. It is the responsibility of the parent to complete and turn in the form by the 25th of each month.

Registration Fee: The registration fee will be deducted from your FACTS account. Do not return registration payment with Agreement & Authorization Form.

Payment: The monthly fees are deducted from FACTS. All participants must have a FACTS account to be billed for extended care fees. Failure to pay monthly fees will result in removal from the program.

Select FACTS deduction date ☐ 5th OR ☐ 20th of each month enrolled in program.

I agree to the above policies and procedures of the Extension Program. By signing below, I understand I will be held responsible for the terms and conditions listed in the handbook and policies/procedures.

Parent Signature

Date