

Mount Calvary Lutheran Preschool EXTENDED DAY FEE CONTRACT

Child's Name _____

Parent/Guardian's Name: _____

Starting Date: _____

Monthly fees are charged on the basis of attendance. A late fee will be charged on all late payments. Failure to make payments will result in the loss of services. A dated written notice must be given to the teacher prior to any scheduling changes.

Please indicate below which days and times you will be using these services. Sign, date, and return the contract. **A \$30.00 non-refundable registration fee is charged yearly to all families.** Contract, Registration/Release Form and Registration Fee must be received on or before the first day of Extended Day enrollment.

BEFORE and AFTER SCHOOL PROGRAM

BEFORE SCHOOL Time from _____ to _____ = Hours per day _____
(7:00 am to 8:30 am) (\$6.00 per hour)

Circle Days : M T W Th F

AFTER SCHOOL Time from _____ to _____ = Hours per day _____
(3:30 pm to 6:00 pm) (\$6.00 per hour)

Circle Days M T W Th F

DROP-INS [] Check Here Hours per day _____

TOTAL NUMBER OF HOURS FOR BEFORE and AFTER SCHOOL PER DAY _____

Parent/Guardian Signature _____ Date _____

Please make check payable to **MOUNT CALVARY LUTHERAN PRESCHOOL**