



Office Use Only: Class: MWF TTH AM PM Front Back
Info Logged: <input type="checkbox"/> EAC All <input type="checkbox"/> This Week/Next Week <input type="checkbox"/> Sign-In Sheets

REGULAR EARLY/AFTER CARE CONTRACT - 2018-2019

CHOOSE HOURS CAREFULLY - **THERE ARE NO CREDITS GIVEN**

Return completed form to our office no later than the 25th of the month before hours are needed. Contract Early/After Care charge is \$7.50/hour (Non-contract care is \$9.50/hour). Complete & sign below for regularly needed care that will be added to your monthly tuition bill a month in advance. **No credits given for missed hours.**

1. **Child's First & Last Name:** _____

_____ This is a **NEW** contract (previous school year's contract is void).

_____ This is a **REVISION** of an existing contract (replacing a current contract with a different schedule) Please indicate all desired hours, including those already under contract that are NOT changing.

2. **Please start our contract on** (fill in dates) _____ **and end on** _____ .

3. **Parent or Guardian Signature:** _____ **Date:** _____

4.	<u>DAYS</u>	<u>TIME CARE IS NEEDED</u>
	<i>Example: Tuesdays</i>	<u><i>8-9 AM, 12-3 PM</i></u>
	Mondays	_____
	Tuesdays	_____
	Wednesdays	_____
	Thursdays	_____
	Fridays	_____

OFFICE USE ONLY:	
SEPT: _____	FEB: _____
OCT: _____	MAR: _____
NOV: _____	APR: _____
DEC: _____	MAY: _____
JAN: _____	JUN: _____