



2024-2025 PRESCHOOL EXTENDED CARE AGREEMENT

Child's Name _____

- All payments will be billed through FACTS from September through May on the 1st of each month. _____ (initial)
- If the amount withdrawn from my FACTS account is insufficient to cover the monthly cost for extended care, and the account becomes more than 15 days delinquent, my child will not be permitted to attend extended care until the account is current. _____ (initial)
- If pick-up occurs after the scheduled program time without prior notification, a late fee of \$1 per minute will be automatically charged to your FACTS account. _____ (initial)
- A 30-day written notice is required to cancel or change the agreement.
- If your child will be attending our Early or Late Bird programs, you will need to purchase a [Nap sack](#).
- All extended care programs will begin on **September 3**.
- Please check the Parentsquare calendar for early dismissal days. On these days, there will be NO EXTENDED care services available, and pick-up time is at 12:00. _____ (initial)

PROGRAM	MONTHLY COST OF EXTENDED CARE		
	T, TH	M, W, F	M - F
<i>please circle which program/days</i>			
Morning Care 7:30 a.m. – 8:30 a.m.	\$110	\$125	\$190
Lunch Bunch 12:00 p.m. – 1:00 p.m.	\$110	\$125	\$190
Early Bird 12:00 p.m. – 2:30 p.m.	\$185	\$250	\$360
Late Bird 12:00 p.m. – 5:00 p.m.	\$340	\$435	\$525

Space is limited and available on a first-come first-served basis. Remember to bring a packed lunch or enroll in our [ChoiceLunch](#) program. If your child will be enrolling in our Late Bird program, please pack an afternoon snack.

We provide hourly drop-in rates. Kindly request approval from the director by sending an email with at least one week's advance notice.

Please submit the form to Mrs. de Viso in the school office or email it to Jdeviso@rsmchristian.org.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Received by _____