



2025-2026 PRESCHOOL EXTENDED CARE AGREEMENT

Child's Name _____

- No extended care services will be available on early dismissal days. The pick-up time on these days is **12:00 PM**. Please check **ParentSquare** or the early education calendars for specific dates. **Initial:** _____
- All extended care payments will be processed through FACTS from September through May, with payments due on the 1st of each month. **Initial:** _____
- If my FACTS account does not have sufficient funds to cover the monthly extended care costs and becomes more than 15 days delinquent, my child will not be permitted to attend extended care until the account is current. **Initial:** _____
- A late fee of **\$1 per minute** will be automatically charged to my FACTS account if pick-up occurs after the scheduled program time without prior notification. **Initial:** _____
- A **30-day written notice** is required to cancel or modify this agreement.
- If my child is attending the Early or Late Bird programs, a [Napsack](#) must be purchased.
- All extended care programs will begin on **September 2**.

PROGRAM	MONTHLY COST OF EXTENDED CARE		
<i>Please circle which program/days</i>	T, TH	M, W, F	M - F
Morning Care 7:30 a.m. – 8:30 a.m.	\$130	\$145	\$210
Lunch Bunch 12:00 p.m. – 1:00 p.m.	\$130	\$145	\$210
Early Bird 12:00 p.m. – 2:30 p.m.	\$210	\$270	\$380
Late Bird 12:00 p.m. – 5:00 p.m.	\$360	\$455	\$545

Space is limited and available on a first-come, first-served basis. Please remember to send a packed lunch or enroll in our [ChoiceLunch](#) program. If your child will be participating in the Late Bird program, kindly include an afternoon snack.

We offer hourly drop-in rates. Please request approval from the director by sending an email at least one week in advance.

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 _____