



Extended Day Program Agreement and Permission Form

I hereby give permission for my child(ren) to participate in the Extended Day Program.

(Student's Name)

(Student's Name)

(Student's Name)

(Student's Name)

FEE SCHEDULE

1 Child - \$8/ hour

Two or more children per family - \$7 hour

Billing and payment will run through FACTS. To ensure your child's continued attendance in the program, please keep your account balance up-to-date.

Students must be picked up no later than 5:30pm. A **Late fee** will be assessed \$5.00 per every minute past 5:30pm.

Please indicate your intended use of the Extended Day Program.

- My child(ren) will be attending on a daily basis.
- My child(ren) will be attending on an occasional basis. A note to the teacher/office will be provided indicating intended dismissal plan for the day.
- My child(ren) will be staying specific days of the week.

Circle all that apply: *Monday Tuesday Wednesday Thursday Friday*

EMERGENCY CONTACT INFORMATION

The ONLY individuals who have permission to pick up my child(ren):

Name	Relationship	Phone Number

*Additions/substitutions to this list will be submitted in writing.

I agree to the above program requirements and the detailed Extended Day Program Guidelines.

Parent/Guardian Signature

Printed Name

Date

