**Holy Family School – Learning for today, preparing for tomorrow.**

**AGREEMENT FOR EXTENDED CARE**

Parent’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We, the undersigned, hereby agree to the following terms and conditions:

1. The morning extended care period runs from 6:30 A.M. to 7:45 A.M.
2. The afternoon extended care period runs from 3:35 P.M. to 6:00 P.M.
3. Parents who pick up their children between 3:15 P.M. and 3:35 P.M. will not be charged for extended care.
4. The cost of extended care is $8.00 per hour per child.
5. All children should be picked up by 6:00 P.M.

**The cost of extended care after 6:00 P.M. is $1.00 per minute.**

 **Said charge will be on a per family basis.**

1. Extended care charges for each month are billed at the end of the month.

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Please Print Name Date Signature