

Parents, please sign this agreement if you are participating in Early or Extended Care. Please return this form to the Preschool office. Thank you

Extended Care Agreement
Open to all ages

7:30 AM - 6:00 PM
\$10.00 morning only
\$20.00 pickup by 3:30 pm \$25 for Toddler and Two's
\$30.00 pickup by 6:00 pm \$35 for Toddler and Two's
\$15.00 4:00 - 6:00 pm

If you find that you would like to lock into an extended day **full** day schedule, your family will receive a 7% discount on extended care fees.

Place: Classroom 203/208/209

I wish to enroll my child, _____ in the extended care program at Winfree Memorial Preschool for the 2018-2019 school years. My child will attend extended care on the following day(s) _____ . I am enclosing the first week's fee in the amount of _____ to hold my child's placement. I acknowledge responsibility for extended care payments during the school year. Extended care fees are due by the end of the week of services rendered. **I will be responsible; however, for any days my child is absent. I realize that I may withdraw my child from extended care if I give a one week notice.** My child is registered in the _____ class.

I understand that the Extended Care Program will begin on September 4th 2018 and will continue until the last Friday in May, 2019. **I further understand that extended care will not be offered on days Winfree Preschool is closed. Also on delayed Chesterfield openings, we will not offer early morning care.** Afternoon care will be available 12:30–6:00 pm.

The following people are authorized to pick up my child from the extended care program:

Name:	Relationship:	Phone #:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____	Date: _____
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