

**FRIENDS” EXTENDED SCHOOL PROGRAM  
PARENT AGREEMENT CONTRACT**

**Date of Admission:** \_\_\_\_\_ **Registration Fee: \$15.00/Student** \_\_\_\_ **Paid**

	Children to Enroll		
	NAME	AGE	GRADE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Rates Available: (please circle your choice)

- |  |   |
|--|---|
| A.M. ONLY (If available) 6:00 a.m. – 7:00 a.m.               | \$15.00/week  |
| EARLY BIRD 2:45 p.m. – 4:00 p.m.                             | \$35.00/week  |
| PICK UP 2:45 p.m. – 6:00 p.m.                                | \$45.00/week  |
| FULL DAY (School Not in Session) Times may vary by site      | \$ 10.00 Added to weekly fee  |
| FAMILY DISCOUNT (3 or more children)                         | \$90.00 + \$5.00 additional/week/child                                |
|  | Example – 3 children \$95.00/week                                     |
|  | 4 \$100.00/week   |
| FALL, CHRISTMAS & SPRING BREAKS<br>(if site is able to open) | \$20/day or \$90 for the week of<br>Spring, Fall, and Christmas Break |

PAYMENTS ARE DUE EACH WEEK. IF YOU DO NOT PAY YOUR WEEKLY FEE BY FRIDAY OF THE WEEK ATTENDED YOU WILL BE CHARGED A \$5.00 LATE FEE EACH WEEK YOU ARE PAST DUE. YOU ARE RESPONSIBLE FOR YOUR WEEKLY FEE REGARDLESS IF YOUR CHILD ATTENDS. Rates are subject to change.

I understand this is a contract between the Blount County Extended School Program and myself. I will pay the fee of \$\_\_\_\_\_ each week and will notify the site director if this contract needs to be changed. Otherwise I will be responsible for this amount. This fee may vary upon full days and holiday breaks.

**I have read and understand the parent handbook, parent agreement form and State Licensing Requirements.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

