

**“STARS” EXTENDED SCHOOL PROGRAM
PARENT AGREEMENT CONTRACT**

Date of Admission: _____ Registration Fee: \$30.00/Student ____ Paid

Children to Enroll

NAME	AGE	GRADE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Rates Available: (please circle your choice)

EARLY BIRD 2:45 p.m. – 4:00 p.m. \$ 40.00/week

PICK UP 2:45 p.m. – 6:00 p.m. \$ 50.00/week

DAILY RATE \$ 20.00/day

PRE-SCHOOL \$65.00/week

FALL, CHRISTMAS & SPRING BREAKS \$30/day
Full Day Rate 7:00 am - 6:00 pm

PAYMENTS ARE DUE EACH WEEK. IF YOU DO NOT PAY YOUR WEEKLY FEE BY FRIDAY OF THE WEEK ATTENDED YOU WILL BE CHARGED A \$10.00 LATE FEE EACH WEEK YOU ARE PAST DUE. YOU ARE RESPONSIBLE FOR YOUR WEEKLY FEE IF YOUR CHILD ATTENDS 1 OR 5 DAYS PER WEEK. RATES ARE SUBJECT TO CHANGE.

I understand this is a contract between the Alcoa City Schools 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: _____