St. Joachim School
Extended Care
Unlimited Use Contract
2008-2009

This contract states that I am enrolling my child(ren) in St. Joachim Extended Care as unlimited users for the 2008-2009 school year. I agree to pay $340.00 per month for 10 months, including those months that have holidays and fewer school days. I understand that the rate is based on 160 full school days and 17 minimum days and are pro-rated over 10 months. I further understand that there is no afternoon extended care on Oct. 25, Nov. 26, Dec. 19, April 9 and June 5.

I understand that I may use Extended care for unlimited hours each month and that I must abide by this unlimited use contract for the entire school year. I further understand that a payment will be made the first of every month, September through June, unless special arrangements are made with the Extended Care director or agent acting on her behalf.

_____ _____

Parent or guardian signature Date

_____

Student Grade

_____

Student Grade

_____

Student Grade