

Deadline: September 19th

Family:	School:
Names of children:	
SFCS After School Program wi for: (Check those for which you ar	ill provide childcare on no school days from 7:00am until 6:00pm re registering)
Monday, October 10 @	Holy Spirit site
Thursday, October 27 @	Holy Spirit site
Friday, October 28 @ H	loly Spirit site
	X Total number of days neededX \$25.00 per no school
Make checks payable to SFCS form to your After School Coor	for the total amount. Sign and Date the form. Return fee and rdinator by September 19th.
OR	
Check the box below, sign and statement.	d date if you want the total amount billed on your billing
that automatic payments (ACH) further notification. I understar	n of these charges/credits on my billing statement and understand and credit card charges may increase or decrease without and that the amounts authorized on this contract will be billed in an my original Tuition Agreement. If you have questions, please -3367.
Parent Signature	Date



Deadline: November 11th

Family:	School:	
Names of children:		
	n will provide childcare on early dismissal days from time of after school site: (Check those for which you are registering)	
Wednesday, Nover	ber 23	
Total number of children_dismissal day fee = TOT	X Total number of days neededX \$15.00 per earlyX	
Make checks payable to S Coordinator by Novembe	FCS for this amount. Return fee and form to your After School 11 th .	
OR		
Check the box below, sig statement.	and date if you want the total amount billed on your billing	
that automatic payments (1 further notification. I und	sion of these charges/credits on my billing statement and underst CH) and credit card charges may increase or decrease without rstand that the amounts authorized on this contract will be billed ed on my original Tuition Agreement. If you have questions, plea 575-3367.	in
Parent Signature	Date	



No School Days/Early Dismissal Days Contract for 2016 -2017 <u>Deadline: November 29th</u>

Family:	School:
Names of children:	
dismissal until registering)	hool Program will provide childcare on early dismissal days from time of 6pm at your after school site: (Check those for which you are ay, December 22nd
	ren X Total number of days needed X \$15.00 per early
	OTAL \$
6:00pm for:	chool Program will provide childcare on no school days from 7:00am until
	ch you are registering)
•	ber 23 @ Holy Spirit site
•	mber 26 @ Holy Spirit site
	mber 27 @ Holy Spirit site
•	ecember 28 @ Holy Spirit site
•	ember 29 @ Holy Spirit site
•	ber 30 @ Holy Spirit site
Monday, Janua	ry 2 @ Holy Spirit site
Total number of childred day fee = TOTAL \$	ren X Total number of days needed X \$25.00 per no school
Coordinator by Noven	to SFCS for this amount. Return fee and form to your After School nber 29 th .
OR	
Check the box below statement.	sign and date if you want the total amount billed on your billing
I authorize the that automatic paymer further notification. I	inclusion of these charges/credits on my billing statement and understand ats (ACH) and credit card charges may increase or decrease without understand that the amounts authorized on this contract will be billed in as owed on my original Tuition Agreement. If you have questions, please at 575-3367.
Parent Signature	Date



Deadline: January 4th

Family:Names of children:	School:	
Names of children.		
	ram will provide childcare on no school days from 7:00am until 6 nich you are registering)	5:00pm
Friday, January	3 @ Holy Spirit Site	
Monday, Janua	16 @ Holy Spirit Site	
Total number of childr day fee = TOTAL \$	X Total number of days neededX \$25.00 per no so	chool
Make checks payable Coordinator by Janua	SFCS for this amount. Return fee and form to your After School 4th.	1
OR		
Check the box below, statement.	gn and date if you want the total amount billed on your billing	g
that automatic paymen further notification. I	clusion of these charges/credits on my billing statement and under (ACH) and credit card charges may increase or decrease without derstand that the amounts authorized on this contract will be billowed on my original Tuition Agreement. If you have questions, part 575-3367.	t ed in
Parent Signature	Date	



Deadline: January 20th

Family:	School:
Names of children:	
time of dis are registe Friday,	February 3
	en X Total number of days needed X \$15.00 per early OTAL \$
	r School Program will provide childcare on no school days from 7:00am n for: (Check those for which you are registering)
Thursday,	February 16 @ Holy Spirit site
Friday, Fo	bruary 17 @ Holy Spirit site
Monday,	February 20 @ Holy Spirit site
Total number of child day fee = TOTAL \$	en X Total number of days needed X \$25.00 per no school
Make checks payable Coordinator by Janua OR	to SFCS for this amount. Return fee and form to your After School ry 20th
	sign and date if you want the total amount billed on your billing
that automatic paymen further notification. I	inclusion of these charges/credits on my billing statement and understand ts (ACH) and credit card charges may increase or decrease without understand that the amounts authorized on this contract will be billed in s owed on my original Tuition Agreement. If you have questions, please the at 575-3367.
Parent Signature	



Deadline: February 24th

Family:	School:
Names of children:	
6:00pm for: (Check the	gram will provide childcare on no school days from 7:00a.m. until ose for which you are registering)
Thursda	ay, March 16 @ Holy Spirit site
Friday,	March 17 @ Holy Spirit site
Total number of children day fee = TOTAL \$_	n X Total number of days needed X \$25.00 per no school
Make checks payable to Coordinator by Februar	SFCS for this amount. Return fee and form to your After School by 24th.
OR	
Check the box below, s statement.	ign and date if you want the total amount billed on your billing
that automatic payments further notification. I un	aclusion of these charges/credits on my billing statement and understand is (ACH) and credit card charges may increase or decrease without inderstand that the amounts authorized on this contract will be billed in owed on my original Tuition Agreement. If you have questions, please at 575-3367.
Parent Signature	Date



Deadline: March 24th

Family:	School:	
dismissal until 6pm at	Program will provide childcare on early dismissal days from our STRETCH Club site: (Check those for which you are ry, April 13	
	nX Total number of days neededX \$15.00 per DTAL \$	early
2.) SFCS After School 6:00pm for: (Check those for which	Program will provide childcare on no school days from 7:00and hyou are registering)	m until
Friday, April 14	@ Holy Spirit site	
Monday, April	7 @ Holy Spirit site	
Total number of childred day fee = TOTAL \$_	nX Total number of days neededX \$25.00 per	no school
Make checks payable Coordinator by March	o SFCS for this amount. Return fee and form to your After S 24th.	chool
OR		
Check the box below, statement.	sign and date if you want the total amount billed on your l	oilling
that automatic paymen further notification. I t	nclusion of these charges/credits on my billing statement and s (ACH) and credit card charges may increase or decrease w nderstand that the amounts authorized on this contract will be owed on my original Tuition Agreement. If you have questice at 575-3367.	ithout e billed in
Parent Signature	Date	_