



STRETCH Club NEWS

To help parents plan for the year ahead the following is an outline of the early dismissal days and no-school days during which SFCS STRETCH Club will be in operation. Each quarter parents will be given an opportunity to sign up their children for the extra dates. Prepayment will be expected of \$15 per child for each early dismissal date and \$25 per child for each no-school date.

EARLY DISMISSAL DAYS: STRETCH Club will be held at each individual school site from the time of dismissal until 6pm. The following dates are planned for 2015-2016 school year.

- Thursday, August 20
- Friday, August 21
- Wednesday, November 25
- Friday, February 5
- Thursday, March 24

NO SCHOOL DAYS: STRETCH Club will be held at the Holy Spirit site from 7:00am until 6pm. The following dates are planned for 2015-2016 school year.

- Monday, October 12
- Thursday, October 29
- Friday, October 30
- Wednesday, December 23
- Monday, December 28
- Tuesday, December 29
- Wednesday, December 30
- Thursday, December 31
- Monday, January 4
- Monday, January 18
- Thursday, February 11
- Friday, February 12
- Monday, February 15
- Monday, March 28
- Tuesday, March 29
- Friday, April 22
- Monday, April 25

**SFCS STRETCH Club 2015 - 2016
Extra Days Contract**

Deadline: August 7th

Family: _____ School: _____
Names of children: _____

SFCS STRETCH Club will provide childcare on early dismissal days from time of dismissal until 6pm at your STRETCH Club site:

(Check those for which you are registering)

___ Thursday, August 20

___ Friday, August 21

Total number of children ___ X Total number of days needed ___ X \$15.00 per early dismissal day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for the total amount. Sign and Date the form. Return fee and form to your school office by **August 7th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the PRINCIPAL prior to the deadline date.

**SFCS STRETCH Club 2015 - 2016
Extra Days Contract**

Deadline: September 21st

Family: _____ School: _____
Names of children: _____

SFCS STRETCH Club will provide childcare on vacation days from 7:00am until 6:00pm for:
(Check those for which you are registering)

- ___ Monday, October 12 @ Holy Spirit site
___ Thursday, October 29 @ Holy Spirit site
___ Friday, October 30 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per vacation day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for the total amount. Sign and Date the form. Return fee and form to your STRETCH Club coordinator by **September 21st**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the STRETCH Coordinator prior to the deadline date.

**SFCS STRETCH Club 2015 - 2016
Extra Days Contract**

Deadline: November 13th

Family: _____ School: _____
Names of children: _____

SFCS STRETCH Club will provide childcare on early dismissal days from time of dismissal until 6pm at your STRETCH Club site: **(Check those for which you are registering)**

___ Wednesday, November 25

Total number of children ___ X Total number of days needed ___ X \$15.00 per early dismissal day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your STRETCH Club coordinator by **November 13th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the STRETCH Coordinator prior to the deadline date

**SFCS STRETCH Club 2015 - 2016
Extra Days Contract**

Deadline: November 30th

Family: _____ School: _____

Names of children: _____

SFCS STRETCH Club will provide childcare on vacation days from 7:00am until 6:00pm for:
(Check those for which you are registering)

___ Wednesday, December 23 @ Holy Spirit site

___ Monday, December 28 @ Holy Spirit site

___ Tuesday, December 29 @ Holy Spirit site

___ Wednesday, December 30 @ Holy Spirit site

___ Thursday, December 31 @ Holy Spirit site

___ Monday, January 4 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per vacation day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your STRETCH Club coordinator by **November 30th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

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Parent Signature

Date

Refunds available only if notification is made in writing to the STRETCH Coordinator prior to the deadline date.

**SFCS STRETCH Club 2015 - 2016
Extra Days Contract**

Deadline: January 6th

Family: _____ School: _____
Names of children: _____

SFCS STRETCH Club will provide childcare on vacation days from 7:00am until 6:00pm for:
(Check those for which you are registering)

____ Monday, January 18 @ Holy Spirit Site

Total number of children _____ X Total number of days needed _____ X \$25.00 per vacation day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your STRETCH Club coordinator by **January 6th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

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Parent Signature

Date

Refunds available only if notification is made in writing to the STRETCH Coordinator prior to the deadline date.

**SFCS STRETCH Club 2015 - 2016
Extra Days Contract**

Deadline: January 22nd

Family: _____ School: _____
Names of children: _____

- 1.) SFCS STRETCH Club will provide childcare on early dismissal days from time of dismissal until 6pm at your STRETCH Club site: **(Check those for which you are registering)**

___ Friday, February 5

Total number of children ___ X Total number of days needed ___ X \$15.00 per early dismissal day fee = **TOTAL \$** _____

- 2.) SFCS STRETCH Club will provide childcare on vacation days from 7:00am until 6:00pm for: **(Check those for which you are registering)**

___ Thursday, February 11 @ Holy Spirit site

___ Friday, February 12 @ Holy Spirit site

___ Monday, February 15 @ Holy Spirit site

Total number of children ___ X Total number of days needed ___ X \$25.00 per vacation day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your STRETCH Club coordinator by **January 22nd**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. If you have questions, please call the Business Office at 575-3367.

Parent Signature

Date

Refunds available only if notification is made in writing to the STRETCH Coordinator prior to the deadline date.

**SFCS STRETCH Club 2015 - 2016
Extra Days Contract**

Deadline: March 4th

Family: _____ School: _____
Names of children: _____

- 1.) SFCS STRETCH Club will provide childcare on early dismissal days from time of dismissal until 6pm at your STRETCH Club site: **(Check those for which you are registering)**

___ Thursday, March 24

Total number of children ___ X Total number of days needed ___ X \$15.00 per early dismissal day fee = **TOTAL \$** _____

- 2.) SFCS STRETCH Club will provide childcare on vacation days from 7:00a.m. until 6:00pm for: **(Check those for which you are registering)**

___ Monday, March 28 @ Holy Spirit site

___ Tuesday, March 29 @ Holy Spirit site

Total number of children ___ X Total number of days needed ___ X \$25.00 per vacation day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your STRETCH Club coordinator by **March 4th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

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Parent Signature

Date

Refunds available only if notification is made in writing to the STRETCH Coordinator prior to the deadline date.

**SFCS STRETCH Club 2015 - 2016
Extra Days Contract**

Deadline: March 31st

Family: _____ School: _____
Names of children: _____

SFCS STRETCH Club will provide childcare on vacation days from 7:00am until 6:00pm for:
(Check those for which you are registering)

___ Friday, April 22 @ Holy Spirit site

___ Monday, April 25 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per vacation day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your STRETCH Club coordinator by **March 31st**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

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Parent Signature

Date

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