



No School Days/Early Dismissal Days Contract for 2018 - 2019

Deadline: August 7th

Family: _____ School: _____
Names of children: _____

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

___ Monday, August 20

___ Tuesday, 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.



No School Days/Early Dismissal Days Contract for 2018-2019

Deadline: October 2nd

Family: _____ School: _____
Names of children: _____

SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for: **(Check those for which you are registering)**

___ Wednesday, October 24 @ Holy Spirit site

___ Thursday, October 25 @ Holy Spirit site

___ Friday, October 26 @ Holy Spirit site

Total number of children ___ X Total number of days needed ___ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for the total amount. Sign and Date the form. Return fee and form to your After School Coordinator by **October 2nd**.

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 After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2018 - 2019

Deadline: November 9th

Family: _____ School: _____

Names of children: _____

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

____ Wednesday, November 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 this amount. Return fee and form to your After School Coordinator by **November 9th**.

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 After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2018 - 2019
Deadline: November 28th

Family: _____ School: _____

Names of children: _____

- 1.) SFCS After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your after school site: (Check those for which you are registering)

_____ Friday, December 21

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

- 2.) SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for: (Check those for which you are registering)

_____ Monday, December 24 @ Holy Spirit site

_____ Wednesday, December 26 @ Holy Spirit site

_____ Thursday, December 27 @ Holy Spirit site

_____ Friday, December 28 @ Holy Spirit site

_____ Monday, December 31 @ Holy Spirit site

_____ Wednesday, January 2 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = TOTAL \$ _____

Make checks payable to SFCS for this amount. Return fee and form to your After School Coordinator by November 28th.

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 After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2018 - 2019

Deadline: January 7th

Family: _____ School: _____

Names of children: _____

SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for: **(Check those for which you are registering)**

___ Monday, January 21 @ Holy Spirit Site

Total number of children ___ X Total number of days needed ___ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your After School Coordinator by **January 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 After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2018 - 2019

Deadline: January 25th

Family: _____ School: _____

Names of children: _____

1.) SFCS After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your after school site: (Check those for which you are registering)

___ Friday, February 1

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

2.) SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for: (Check those for which you are registering)

___ Thursday, February 14 @ Holy Spirit site

___ Friday, February 15 @ Holy Spirit site

___ Monday, February 18 @ Holy Spirit site

Total number of children ___ X Total number of days needed ___ X \$25.00 per no school day fee = TOTAL \$ _____

Make checks payable to SFCS for this amount. Return fee and form to your After School Coordinator by January 25th.

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 After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2018 - 2019

Deadline: February 22nd

Family: _____ School: _____

Names of children: _____

SFCS After School Program will provide childcare on no school days from 7:00a.m. until 6:00pm for: **(Check those for which you are registering)**

___ Thursday, March 14 @ Holy Spirit site

___ Friday, March 15 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your After School Coordinator by **February 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 After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2018 - 2019

Deadline: April 3rd

Family: _____ School: _____
Names of children: _____

1.) SFCS After School Program 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, April 18

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

2.) SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for: (Check those for which you are registering)
_____ Friday, April 19 @ Holy Spirit site
_____ Monday, April 22 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = TOTAL \$ _____

Make checks payable to SFCS for this amount. Return fee and form to your After School Coordinator by April 3rd.

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 After School Coordinator prior to the deadline date.