

Good Shepherd Montessori Preschool and Kindergarten  
Good Shepherd Missions, A Non-Profit Corporation  
Contracted Extended Care Agreement  
2019-20

Child's name \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Extended care hours offered from 7:30 a.m. to 8:25 a.m. and 3:00 p.m. to 5:30 p.m.  
Contracted days and times my child will receive care:

(Circle days)	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time a.m.	_____	_____	_____	_____	_____
Departure time p.m.	_____	_____	_____	_____	_____
Hours of extended care each day (total)	_____	_____	_____	_____	_____

**Please indicate the period of time you will need extended care: (Month/dates):**

\_\_\_\_\_  
School office must receive any monthly changes by the 3<sup>rd</sup> week of previous month!

Fee: \$5.80 per hour (rounded up to the nearest quarter of an hour)

Fee: \$5.60/contracted hour for lunch (12:00pm to 12:45pm)

The late pick up charge is \$5.00 for each quarter hour or fraction thereof that a child is left beyond the time contracted care ends. The late fee will be applied to the following month's tuition. Enrollment may be ended for children who are repeatedly picked up after the scheduled end of their day at GSM.

Extended care charges will be billed in advance with your monthly tuition. Charges may vary if your child is left later than the contracted time in the afternoon or for days not contracted (drop-in). You will be charged for each day of contracted care while school is in session, even if your child does not attend school because of illness or other reasons. Partial weeks will be pro-rated. Payment is due with monthly tuition on the first school day of each month. A late payment fee of \$20.00 is added to any payments received after the fifth day of the month.

I agree to promptly notify Good Shepherd Montessori of any changes to the above information. I will give two weeks notice to end this agreement. I understand that I am fully responsible for the terms of this agreement as stipulated.

_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date

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**For Office & Classroom Use Only**

**Request approved:** \_\_\_\_\_ **Classroom:** Michelle \_\_\_\_\_ Elaine \_\_\_\_\_  
**Date** \_\_\_\_\_ **Billing:** \_\_\_\_\_