



# SHEBOYGAN CHRISTIAN S C H O O L

## EXTENDED-CARE ENROLLMENT AGREEMENT 3K and 4K

Effective this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ this agreement is by and between \_\_\_\_\_, hereinafter referred to as "THE PARENT/S", AND Sheboygan Christian School, 418 Geele Avenue, Sheboygan, WI 53083, hereinafter referred to as SCS.

**PURPOSE:** The purpose of this agreement is to document the payments that THE PARENT/S have agreed to pay for before/after school care. These regular payments will assure the Board of its ability to meet the financial obligations of SCS.

**TERMS:** Whereas SCS is interested in providing a "Christ-centered" education for the child/children of the PARENT/S, and has presented the cost of this education to THE PARENT/S in the 2019/2020 budget, THE PARENT/S agree to the following specified days of enrollment for this quarter. Changes in scheduling can only be made at the beginning of each quarter.

NAME OF STUDENT \_\_\_\_\_

### BEFORE SCHOOL CARE – AUGUST 26, 2019 – OCTOBER 20, 2019 (Beginning 7:30 AM)

	ARRIVING TIME	LEAVING TIME			
7 Mondays <b>No Care 9/2</b>	_____	8:30 AM	# of Hours _____	x 7	= _____
8 Tuesdays	_____	8:30 AM	# of Hours _____	x 8	= _____
8 Wednesdays	_____	8:30 AM	# of Hours _____	x 8	= _____
8 Thursdays	_____	8:30 AM	# of Hours _____	x 8	= _____
8 Fridays	_____	8:30 AM	# of Hours _____	x 8	= _____

### AFTERNOON CARE – AUGUST 26, 2019 – OCTOBER 20, 2019 (Ending time 5:30 PM)

	ARRIVING TIME	LEAVING TIME			
7 Mondays <b>No Care 9/2</b>	11:30 AM	_____	# of Hours _____	x 7	= _____
8 Tuesdays	11:00 AM	_____	# of Hours _____	x 8	= _____
8 Wednesdays	11:30 AM	_____	# of Hours _____	x 8	= _____
8 Thursdays	11:00 AM	_____	# of Hours _____	x 8	= _____
7 Fridays <b>No Care 10/18</b>	11:30 AM	_____	# of Hours _____	x 7	= _____

Total Number of Hours \_\_\_\_\_  
Total Number of Hours x \$4.45 = \$ \_\_\_\_\_

**FULL PAYMENT DUE AUGUST 6, 2019**

Refunds will not be issued for any reason; including, but not limited to, illness, school cancellations, or family vacations.

ACKNOWLEDGMENT: THE PARENT/S acknowledge that they (he/she) have read and understand this agreement.

\_\_\_\_\_  
SCS Finance Committee Member

\_\_\_\_\_  
THE PARENT/S