



SHEBOYGAN CHRISTIAN S C H O O L

EXTENDED-CARE ENROLLMENT AGREEMENT 3K through 5th Grade

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 2020/2021 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 24, 2020 – OCTOBER 25, 2020 (Beginning 7:30 AM)

	ARRIVING TIME	LEAVING TIME			
8 Mondays No Care 9/7	_____	8:00 or 8:15	# of Hours _____	x 8	= _____
9 Tuesdays	_____	8:00 or 8:15	# of Hours _____	x 9	= _____
9 Wednesdays	_____	8:00 or 8:15	# of Hours _____	x 9	= _____
9 Thursdays	_____	8:00 or 8:15	# of Hours _____	x 9	= _____
7 Fridays No Care 9/25 + 10/23	_____	8:00 or 8:15	# of Hours _____	x 7	= _____

AFTERNOON CARE – AUGUST 24, 2020 – OCTOBER 25, 2020 (Ending time 5:30 PM)

	ARRIVING TIME	LEAVING TIME			
8 Mondays No Care 9/7	11:30 AM or 3:15 PM	_____	# of Hours _____	x 8	= _____
9 Tuesdays	11:30 AM or 3:15 PM	_____	# of Hours _____	x 9	= _____
9 Wednesdays	2:30 PM	_____	# of Hours _____	x 9	= _____
9 Thursdays	11:30 AM or 3:15 PM	_____	# of Hours _____	x 9	= _____
7 Fridays No Care 9/25 + 10/23	11:30 AM or 3:15 PM	_____	# of Hours _____	x 7	= _____

Total Number of Hours _____
Total Number of Hours x \$4.45 = \$ _____
FULL PAYMENT DUE AUGUST 14, 2020

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