



SHEBOYGAN CHRISTIAN SCHOOL

EXTENDED-CARE ENROLLMENT AGREEMENT 3-year old Kindergarten through Fifth 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. 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 2018/2019 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 – OCTOBER 22, 2018 – JANUARY 11, 2019 (Beginning 7:30 AM)

	ARRIVING TIME	LEAVING TIME				
10 Mondays No Care 12/24, 12/31	_____	8:00AM or 8:15AM	# of Hours _____	x 10	=	_____
10 Tuesdays No Care 12/25, 1/1	_____	8:00AM or 8:15AM	# of Hours _____	x 10	=	_____
11 Wednesdays No Care 12/26	_____	8:00AM or 8:15AM	# of Hours _____	x 11	=	_____
10 Thursdays No Care 11/22, 12/27	_____	8:00AM or 8:15AM	# of Hours _____	x 10	=	_____
9 Fridays No Care 10/26,11/23,12/28	_____	8:00AM or 8:15AM	# of Hours _____	x 9	=	_____

AFTERNOON CARE – OCTOBER 22 – JANUARY 11, 2019 (Ending time 5:30 PM)

	ARRIVING TIME	LEAVING TIME				
10 Mondays No Care 12/24, 12/31	11:30 AM or 3:15 PM	_____	# of Hours _____	x 10	=	_____
10 Tuesdays No Care 12/25, 1/1	11:00 AM or 3:15 PM	_____	# of Hours _____	x 10	=	_____
10 Wednesdays No Care 11/21, 12/26	11:30 AM or 2:30 PM	_____	# of Hours _____	x 10	=	_____
10 Thursdays No Care 11/22, 12/27	11:00 AM or 3:15 PM	_____	# of Hours _____	x 10	=	_____
8 Fridays No care 10/26, 11/23, 12/21, 12/28	11:30 AM or 3:15 PM	_____	# of Hours _____	x 8	=	_____

Total Number of Hours _____
Total Number of Hours x \$4.46 = \$ _____

FULL PAYMENT DUE AUGUST 21, 2018



**SHEBOYGAN
CHRISTIAN**
S C H O O L

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.

SCCS Finance Committee Member

THE PARENT/S