



# 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, 929 Greenfield Ave, Sheboygan, WI 53081, 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 2022/2023 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 23, 2022 – OCTOBER 23, 2022** (Beginning 7:30 AM)

*\*Extended Care is also available on Fri. (for 3K students) and Wed. (for 3K and 4K students) when class is not in session.*

	ARRIVING TIME	LEAVING TIME	<i>Round to the near quarter hr</i>		
7 Mondays <b>No Care 9/5</b>	_____	8:00, 8:15, _____	# of Hours _____	x 7	= _____
9 Tuesdays	_____	8:00, 8:15, _____	# of Hours _____	x 9	= _____
9 Wednesdays	_____	8:00, 8:15, _____	# of Hours _____	x 9	= _____
8 Thursdays <b>No Care 10/20</b>	_____	8:00, 8:15, _____	# of Hours _____	x 8	= _____
8 Fridays <b>No Care 10/21</b>	_____	8:00, 8:15, _____	# of Hours _____	x 8	= _____

**AFTERNOON CARE – AUGUST 23, 2022 – OCTOBER 23, 2022** (Ending time 5:30 PM)

	ARRIVING TIME	LEAVING TIME			
7 Mondays <b>No Care 9/5</b>	11:30 AM or 3:15 PM	_____	# of Hours _____	x 7	= _____
9 Tuesdays	11:30 AM or 3:15 PM	_____	# of Hours _____	x 9	= _____
9 Wednesdays	2:30 PM	_____	# of Hours _____	x 9	= _____
8 Thursdays <b>No Care 10/20</b>	11:30 AM or 3:15 PM	_____	# of Hours _____	x 8	= _____
8 Fridays <b>No Care 10/21</b>	11:30 AM or 3:15 PM	_____	# of Hours _____	x 8	= _____

Total Number of Hours \_\_\_\_\_  
 Total Number of Hours x \$4.50 = \$ \_\_\_\_\_  
**FULL PAYMENT DUE AUGUST 15, 2022**

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