



SHEBOYGAN CHRISTIAN SCHOOL

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 2024/2025 budget, THE PARENT/S agree to the following specified days of enrollment for this quarter. Changes in scheduling can only be made before the beginning of each quarter.

NAME OF STUDENT _____

BEFORE SCHOOL* CARE – AUGUST 20, 2024 – OCTOBER 25, 2024 (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 nearest quarter hr</i>		
7 Mondays No Care 9/2, 9/30	_____	8:00 or _____	# of Hours _____	x 7	= _____
10 Tuesdays	_____	8:00 or _____	# of Hours _____	x 10	= _____
9 Wednesdays No Care 10/23	_____	8:00 or _____	# of Hours _____	x 9	= _____
9 Thursdays No Care 10/24	_____	8:00 or _____	# of Hours _____	x 9	= _____
9 Fridays No Care 10/25	_____	8:00 or _____	# of Hours _____	x 9	= _____

AFTERNOON CARE – AUGUST 20, 2024 – OCTOBER 25, 2024 (Ending time 5:30 PM)

	ARRIVING TIME	LEAVING TIME	<i>Round to nearest quarter hr</i>		
7 Mondays No Care 9/2, 9/30	11:30 AM or 3:15 PM	_____	# of Hours _____	x 7	= _____
10 Tuesdays	11:30 AM or 3:15 PM	_____	# of Hours _____	x 10	= _____
9 Wednesdays No Care 10/23	3:15 PM	_____	# of Hours _____	x 9	= _____
9 Thursdays No Care 10/24	11:30 AM or 3:15 PM	_____	# of Hours _____	x 9	= _____
9 Fridays No Care 10/25	11:30 AM or 3:15 PM	_____	# of Hours _____	x 9	= _____

Total Number of Hours _____
Total Number of Hours x **\$6.00** = \$ _____

FULL PAYMENT DUE August 1, 2024

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