



NORTHRIDGE
CHRISTIAN SCHOOL

EXTENDED DAY CONTRACT
2011-2012

Name of Parent Requesting Care: _____

Regarding the care of: _____

Address: _____

CONTACT INFORMATION

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If unable to contact parent/guardian please contact: _____

MEDICAL INFORMATION

Please note any important medical information that we should know (allergies, asthma, medications) _____

HOURS:

Please indicate how you plan to use the extended day program by marking in the chart.

DAY	AM indicate drop off time	PM indicate pickup time
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
I plan to use EC on an occasional basis		

FEES:

Cost for childcare is \$5/hr per child.

PAYMENT: Payment is made by check (preferred), on **Friday** for the week care was given. Prompt payment is necessary. If you become delinquent in your payments we will be unable to continue care for your child(ren). A \$10.00 late fee will be charged for all outstanding Friday balances. \$25 will be charged for any returned checks.

Aftercare closes promptly at 6:00 PM. There will be an **additional charge of \$5.00 per 15 minutes** when you are late picking up your child(ren) after 6 PM.

PARENTS PROVIDE: A complete change of clothing appropriate for the weather: proper footwear that will not hinder normal active play; in winter time – good boots, mittens, hat, snow pants, etc.

PICK UP ARRANGMENTS: Advance notice is needed if anyone other than a parent will be picking up your child from extended day care.

AGREEMENT

I have read and understand all procedure and payment policies required for extended day care.

Parent/Guardian's Signature

Date