

# St. Ann School Extended Care Program

## 2019-2020 School Year Contract

This agreement must be signed by the person(s) responsible for the payment of St. Ann School Extended Care services.

I am registering my child/ren \_\_\_\_\_ for:

AM St. Ann School Extended Care M T W R F

PM St. Ann School Extended Care M T W R F

My child will attend between the following times (approximately): \_\_\_\_\_

### **Registration Agreement**

1. I understand that a \$10 registration fee per family will be charged to the family's St. Ann School FACTS account (except for 4K).
2. I understand that the St. Ann School Extended Care Program will provide services between the hours of 6:30 AM and 7:45 AM and 3:05 PM and 5:30 PM, Monday through Friday when school is in session.
3. I agree to pay for St. Ann's Extended Care services monthly through the St. Ann School FACTS program (except for 4K).
4. I understand that a late pick-up fee of \$10 per quarter hour will be assessed after 5:30 PM.
5. I understand that my child will be **released only to authorized individuals** on the release form. In the event of an emergency, please notify Trudy Stensaas at (608) 220-2916 if you need to change or add an authorized pick up person.

If you have any further questions, please contact Trudy Stensaas at (608) 220-2916 or [trudy.stensaas@stanns-school.org](mailto:trudy.stensaas@stanns-school.org)

I, **(please print)** \_\_\_\_\_, understand and agree to abide by the above policies regarding my child's enrollment in the St. Ann School Extended Care Program.

Parent: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_