

**Presentation Parish School
Extended Care Contract 2019-2020**

Please take the time to read this handbook carefully. We ask you to **return this form**, duly signed, acknowledging that you have read the handbook with your child(ren).

I acknowledge having received, and reviewed with my child(ren), a copy of the Extended Care Program Handbook 2018-2019 and we agree to adhere to the rules and regulations stated therein. (Please detach the previous page for your reference.)

YOU WILL NEED ONE CONTRACT PER CHILD.

Child's Name: _____ Grade: _____
Family Name: _____ Best phone number to be reached: _____
Address: _____

Father's Work Phone: _____ Father's Cell Phone: _____
Mother's Work Phone: _____ Mother's Cell Phone: _____

Please check days when care is desired and note time of pick-up.

Monday _____ Time of Pick-up	Tuesday _____ Time of Pick-up
Wednesday _____ Time of Pick-up	Thursday _____ Time of Pick-up
Friday _____ Time of Pick-up	

I have read all the information above, including that concerning payment fees. My signature below verifies that I am in agreement with my obligations to the Extended Care program. I will immediately notify Extended Care in writing of any changes to the information given above and on the emergency card, as well as to my child's schedule.

Student (Print) /Grade _____

Student Signature _____

Parent/Guardian Signature: _____ Date: _____

Home email address: _____

*** Please Initial Your Billing Choice**

____ Apply Automatically to my FACTS Account

____ Send Paper Statement

For Office Use Only

Registration Fee Received (cash or check no.): _____ Date : _____