

**Early Childhood
Extended Day Contract
2019-2020 School Year**



For Office Use only:
Date Received:

Student's Name _____ Grade _____
(Early Years, Preschool or Pre-K)

Program dates: Regular school days between August 19, 2019 and May 22, 2020.

Annual charge:

_____ 5 days/1:00 p.m. – 3:10 p.m., \$1,960

_____ 5 days/1:00 p.m. – 4:00 p.m., \$3,480

_____ 5 days/1:00 p.m. – 5:00 p.m., \$4,640

_____ 5 days/1:00 p.m. – 6:00 p.m., \$5,790

OTHER - Please indicate your requested days and times per week. Full-time accommodations will be met first. Part-time requests will be taken in the order received.

_____ 4 days/1:00 p.m. – 3:10 p.m., \$1,880	(Circle days requested) M T W Th F
_____ 4 days/1:00 p.m. – 6:00 p.m., \$5,560	M T W Th F
_____ 3 days/1:00 p.m. – 3:10 p.m., \$1,690	M T W Th F
_____ 3 days/1:00 p.m. – 6:00 p.m., \$5,000	M T W Th F
_____ 2 days/1:00 p.m. – 3:10 p.m., \$1,350	M T W Th F
_____ 2 days/1:00 p.m. – 6:00 p.m., \$4,000	M T W Th F

Note: 1 day/week is not available, as we do not feel it is in the best interest of your child. Young children benefit from a consistent schedule.

_____ Drop In, \$16.00 per hour.

After 6:00 p.m. you will be billed at the rate of \$1.00 per minute for the first 10 minutes and \$2.00 per minute thereafter.

Please add the above fees to my PHS Monthly Pay Plan, which runs from May through April.

We jointly and severally agree to pay to The Pembroke Hill School the fees selected above.

Signature: _____ Date: _____
(Parent/Guardian Financially Responsible for Student)

Signature: _____ Date: _____
(Parent/Guardian Financially Responsible for Student)