



## 2019 - 2020 Extended Day Contract Lower School - Kindergarten through Fourth Grade

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
First Last

(Please circle options below)

For 4, 3, 2 and 1 day(s), please circle the days of the week you will be using care.	<b>AM and PM</b> 7:30 a.m. to 8:30 a.m.  3:15 p.m. to 6:00 p.m.	<b>Early Bird</b> 7:30 a.m. to 8:30 a.m.	<b>After School</b> 3:15 p.m. to 6:00 p.m.
<b>5 Days</b>	\$550/mo	\$200/mo	\$400/mo
<b>4 Days</b> <b>Mon</b> <b>Tues</b> <b>Wed</b> <b>Thurs</b> <b>Fri</b>	\$440/mo	\$160/mo	\$320/mo
<b>3 Days</b> <b>Mon</b> <b>Tues</b> <b>Wed</b> <b>Thurs</b> <b>Fri</b>	\$330/mo	\$120/mo	\$240/mo
<b>2 Days</b> <b>Mon</b> <b>Tues</b> <b>Wed</b> <b>Thurs</b> <b>Fri</b>	\$220/mo	\$80/mo	\$160/mo
<b>1 Days</b> <b>Mon</b> <b>Tues</b> <b>Wed</b> <b>Thurs</b> <b>Fri</b>	\$110/mo	\$40/mo	\$80/mo

Please list any dietary restrictions and/or food allergies that your student may have:

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- **Payments are due PRIOR to services provided.** Payments must be made through ACH method (form located on the back of this contract and at [www.westsideschool.org](http://www.westsideschool.org).) You will not be billed for the month of June to compensate the shortened months of December and June. Extended Day hours for In-Service Days are included, but will still require paid registration for full day care.
- **Drop-in Extended Day registration is available online.** Please register no later than 12:00 p.m. on the day of use, to ensure that Westside can appropriately staff the program. Late sign-ups will be charged an extra \$10.00. Drop-in "Early Bird" care is available for \$15.00 per day. Drop-in "After School" care is available for \$40.00 per day. Students that are on campus past 3:45 p.m. will be asked to join the Extended Day Program for supervision, and parents will be billed the flat rate drop-in fee.
- **Extended Day After School Care closes at 6:00 p.m.** All students must be picked up no later than 6:00 p.m. Services provided after 6:00 p.m. are charged \$2.00 per minute. Should there be an accumulation of three late pick-ups for a student Extended Day services may be terminated.
- **Changes to an existing contract can be made by e-mailing [childcare@westsideschool.org](mailto:childcare@westsideschool.org).** Provide thirty days notice for contract changes. Changes to the terms of the Extended Care contract will not take effect until thirty days from the documented request for change date. The Business Office will notify you of the change in monthly fee based on the changes to the contract. Charges will be prorated accordingly.

By signing this contract you understand and agree to the terms outlined.

Responsible party to **PAY** for child care services:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child care services must be paid by ACH.** Please complete the banking information **on reverse side**.



**BEFORE AND AFTER SCHOOL CHILDCARE PAYMENT DESIGNATION FOR AUTOMATED CLEARINGHOUSE (ACH) PAYMENT OF FEES**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_

The undersigned hereby acknowledges Westside School will initiate debit entries to the account at the Depository designated below, for the purpose of collecting fees (such as listed below) for the student(s) above.

It is further acknowledged it remains the account holder's responsibility to notify Westside School of changes in depositories or account numbers and to have adequate funds in the account to be debited to properly pay the remittance due to the School.

The undersigned agrees to notify Westside School of a change of the above designated Routing Transit Number or Account Number at least ten days prior to the next established payment date.

The undersigned acknowledges failure to ensure funds in an amount at least equal to the invoiced amount are available to Westside School for direct debit shall be deemed to constitute nonpayment of the assessment resulting in assessment of applicable late and NSF fees outlined in the Westside School Family Handbook.

(Please print clearly)

Account Holder Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (required): \_\_\_\_\_

Depository (Bank) Name \_\_\_\_\_ or attach a "voided" check to this form.

ROUTING TRANSIT NUMBER OF FINANCIAL INSTITUTION ABOVE (9 digit number)

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ACCOUNT NUMBER TO BE DEBITED (17 digit maximum)

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BEGINNING DATE: September 2019 ENDING DATE: May 2020

Childcare payment, in the amount of \$ \_\_\_\_\_ to be debited from my account on the 1st of the month services are received.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_