

**SY2020-21 ELEMENTARY  
EXTENDED CARE CONTRACT**

**GENERAL STATEMENT**

I/We, \_\_\_\_\_  
 hereby apply to enroll my/our child \_\_\_\_\_; Class: \_\_\_\_\_  
 in the Khalsa Elementary Extended Care Program for the 2020-21 school year.

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian 1: _____	Parent/Guardian 2: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Preferred Email: _____	Preferred Email: _____

\* If dual households, student lives with: \_\_\_\_\_

**KHALSA MONTESSORI ELEMENTARY FINANCIAL POLICY**

**Extended Care Payment Terms**

- Extended Care Payments are due by the 1<sup>st</sup> of each month
- The first months payment is due at the time of registration
- Payments will be accepted by check (made payable to KMES), cash (exact amount only since cash is not held at the school), or by debit/credit card via the Khalsa PayPal platform (this requires recurring payments to be set up)
- Payments not received by the 10<sup>th</sup> will incur a delinquency fee of \$30
- Parents who utilize the Extended Care Program beyond the Preferred Hours registered for will incur Late or Early Arrival fees per the Late Fee Policy.
- If a family does not pay the fees based on the terms of this agreement, families will not be able to utilize the Extended Care service and you will be called if the student is not picked up at the end of the school day
- Families can adjust the Extended Care Agreement by utilizing the Schedule Change Form. Fees will be adjusted accordingly. A 20 day notice is required. This form is available at the office or online.
- Extended Care Fees are non-refundable due to absences.
- Extended Care Fees are based on the whole year spread evenly over 10- months. Rates do not fluctuate based on the number of actual school days in any given month-

**Extended Care Enrollment and Registration Fees**

- An annual administration fee of \$50.
- Monthly payment based on hours and Vacation Care option chosen. This amount will be determined once the contract is completed.

→ *Second Side* →

**PREFERRED HOURS**

I/We would like my/our child to attend these Program hours (e.g., 7:30am to 4:30pm): \_\_\_\_\_

Use of Extended Care will begin on: \_\_\_\_\_

Choose all that apply:

Student's Level:  Lower Elementary  Upper Elementary

**Daily Extended Care:**

- Partial Extended Care (Up to 2 hours) **\$190/month**
- Full Extended Care (2 to 4 hours) **\$220/month**

**Vacation Care:**

- Tier 1:** 11:30 Release In-service & Parent Teacher Conferences: **\$25.00/month**  
6 Half-Days: 8/10, 8/11, 11/6, 11/13, 4/26, & 5/7
- Tier 2:** All In-service & Parent Teacher Conference Dates: **\$55.00/month**  
6 Half-Days: 8/10, 8/11, 11/6, 11/13, 4/26, & 5/7  
8 Full-Days: 9/11, 10/5, 11/20, 1/4, 2/5, 3/8, 4/2, & 5/14
- Tier 3:** Full Vacation Care: **\$90.00/month**  
All dates within Tier 2 plus Break weeks: 12/28, 12/29, 12/30, 12/31 and 3/15-3/19
- Vacation Care Not Needed**

**PARENT AGREEMENT** (Parent/Guardians, please initial each item.)

\_\_\_\_\_ I/We have read the Khalsa Montessori Elementary Financial Policy and agree to its terms.

\_\_\_\_\_ I/We have attached the \$50 EEC Administration Fee.

\_\_\_\_\_ I/We agree to the policies and procedures of the Khalsa Montessori Elementary School (KMS) Late Pick-up Policy as signed during School Year Registration.

\_\_\_\_\_ **Total Extended Care Monthly Fee (add 3% if paying by card):** \_\_\_\_\_

**Method of Monthly Payment**

Cash or check  Debit/Credit Card

If using the Debit/Credit Card option, I agree to pay the fees associated with Khalsa Elementary Extended Care plus 3% on a monthly basis with recurring payments through the Khalsa PayPal platform. I understand that my monthly balance may fluctuate if my students hours in the program extend beyond those identified in the Preferred Hours above. Khalsa will notify me if the monthly amount will differ from that in the Total above.

\_\_\_\_\_  
Parent 1/Guardian Signature Date

\_\_\_\_\_  
Parent 2/Guardian Signature Date

Internal Use Only:

\$50 Administration Fee Rec'd \_\_\_/\_\_\_/\_\_\_

First EEC Monthly Payment of \$ \_\_\_\_\_ Rec'd \_\_\_/\_\_\_/\_\_\_

Total Amount Paid: \$ \_\_\_\_\_