
Guardian Angel Extended Care
St. Paul Lutheran School
Parental Agreement

- 1.) We understand that we have paid a non-refundable registration fee of \$30.00 per child, \$45.00 per family, per year to enroll my child/children at Guardian Angel Extended Care.
- 2.) We understand that Extended Care payments should be made out to St. Paul Extended Care and turned in by 9:00 a.m. each Thursday.
- 3.) We understand billing statements will be distributed the third week of the month. All remaining balances **MUST** be paid by the end of the month. All balances that are unpaid more than 30 days billing cycle will be charged a \$10.00 fee per month. . Please inform the director of any family hardship matters. A school official will be contacted to review options.
- 4.) We understand that after 6:00 p.m. a late fee of \$5.00 is charged for a ten (10) minute interval and \$1.00 per minute after ten (10) minutes.
- 5.) Prior to enrollment, my child's emergency card will be on file with Extended Care.
- 6.) We have read and understand all of the policies and procedures as stated in the *Guardian Angel Extended Care Handbook*.

We have read the above statements and agree to the tenets of the Guardian Angel Extended Care Agreement. Both parents are required to sign this form.

Mother Signature

Date

Father Signature

Date

Guardian Signature

Date