Extended Care 2010-2011
Participation Agreement
Please fill out and return if you will ever need Extended Care!

I, _____, agree to use the Extended Care Program for my child

_____ _____ _____
Name Grade Teacher

on the following basis as noted below: Starting date_____

FULL TIME

☐ **Full Time:** Pre-Kindergarten - 4th Grade
2:45 – 6:00 PM @ $2,862/year or $318/month

I understand that I will be billed on a full time basis at the above yearly rate, or by the month from September - May. You may switch from full time to hourly drop-in rates at the start of any month with notification (you will be billed an additional $20 anytime you request this).

I understand that these charges are non-refundable or transferable.

HOURLY OR DROP-IN EXTENDED CARE

☐ **Hourly Rate:** Drop-in and regular part-time use is $7.40/hour, with a **minimum charge of one hour**. Hourly charges are billed at the end of each month, based on the number of hours reflected in the sign-out book. You may switch from hourly drop-in rates to the full time rate at the start of any month with notification (you will be billed an additional $20 anytime you request this).

If you have a regular schedule, please indicate days below. If any additional hours are needed, please call the Extended Care Office (503-416-9249) or Lower School Office (503-768-3143).

Monday	_____ to _____	or as needed	☐
Tuesday	_____ to_____	or as needed	☐
Wednesday	_____ to_____	or as needed	☐
Thursday	_____ to_____	or as needed	☐
Friday	_____ to_____	or as needed	☐

_____
Parent/Guardian Signature Date

To use EC, parents must submit a participation agreement.