

School Year		
Child's NameLast	<b>F</b>	/
Last	First	Grade
Address	2.1	
Street	City	State/Zip
Authorized Persons to pick up		
Father's Name (please print)	Signature	
Phone: Cell	Work	
Mother's Name (please print)	Signature	
Phone: Cell	Work	
Authorized Name (please print)	Signature	
Phone: Cell	Work	
Parent/Guardian's signature for having read a ***********************************	****	*****
Consistent use:		
Check Hours per day1 hour	1.5 hours 2	hours2.5 hours
Check number of days per week	_MTWThF	
Payment Options: Pay monthly 8 months October – M Pay in full (5% discount)	ay (billed on your TADS account)	
Occasional/Irregular use: Notify the Home Room Teacher and school o	ffice by noon of the day of use.	
<u><b>Cost:</b></u> Daily rate is \$12.00 per hour		

Children not picked up by 2:15 pm will be signed into the Eagle's Club by their teacher. The family will be charged the occasional-use rate starting at 2:00pm. Parents will be contacted by the Program Director to coordinate pick-up of their child(ren). Half-day Pre-K children not picked up by 11:00 am will remain in the Pre-K classroom and the family will be charged \$5.00 for every 15 minutes that the parent is delayed for pick-up.

Additional Late Fee: \$12.00 past 4:45 pm, additional \$12.00 for every 15 minutes thereafter.

The Program Director will complete a daily log in sheet for your child with the times and your signature. Extra hours beyond your agreement will be charged to your TADS account.