



Extended Day Contract

I, _____, agree to pay \$14.00 a day for the Extended Day Program and a \$50 registration fee for my family. Early Release Field Trip Days are \$17. Payments must be made by the first of the month. Checks or cash are to Assumption Catholic School noting EDP. If using the school payment envelope, please note the EDP box on the front.

Additional Information:

- A late fee of \$20.00 is assessed if the payment is received after the first business day of each month (note late payment policy in the handbook).
- Returned check fee is \$20.00.
- Child pick-up after 6:00 pm will result in a late charge of \$1.00 per minute.

Signature _____

Date _____

Person responsible for fee payment:

Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

Relationship to child: _____

Contact Trisha Lewis at 360-224-8071 with any questions.