

EXTENDED CARE PROGRAM 2008-2009 REGISTRATION FORM

Office Use Only

Date Paid _____

Pymnt _____

A separate form is required to register each child.

Child's Name: _____

2008-2009 Grade: _____

- Middle School Sibling** Daily AM Care - no PM Care - with \$50 One-time Registration fee.

The following plans require a \$25 Registration Fee, per child -- \$50 maximum per family:

- Deposit A.M. Care Deposit P.M. Care Deposit A.M. and P.M. Care
 Auto-Deduct A.M. Care Auto-Deduct P.M. Care Auto-Deduct A.M. and P.M. Care
 Camp Club A.M. Care Camp Club P.M. Care Camp Club A.M. and P.M. Care

Note: Excluding the Camp Club, all Mini-Camp fees are separate from Extended Care Monthly Plan fees.

PAYMENT TERMS

Please choose a payment option:

Annual

Fees are due with registration. Full pre-pay discount taken with payment.

Monthly Deduction

Monthly payment is deducted from your indicated checking or savings account. The Extended Care Thrivent Financial Auto Deduction Enrollment Form must be completed and processed for this option. *Extended Care Program deductions are separate from school tuition deductions and a separate form is necessary to complete registration.*

Prepaid

A monthly billing statement is sent.

NOTE: We now accept Visa/Mastercard payments!

CONTRACT TERMS:

In signing this contract, the Parent/Guardian understands and agrees to pay all Extended Care fees and related monies per the selected payment method. If changes are made and the office is not notified the Parent/Guardian will be responsible for the payment of Extended Care fees as indicated above. **This agreement is in effect for all payments until a new contract is completed, signed and dated.** A fee of \$30 is charged for all NSF returned checks and insufficient funds on debit accounts through the auto-deduction plan. Further, any account that is 30 days past will be suspended of all Extended Care Program privileges, with notification. No child will be accepted for re-enrollment, enrollment for Mini-Camps or Camp Sunshine until all balances are paid in full.

I agree to pay the fees for Extended Care in accordance to the plan I have selected above.

Parent/Guardian Signature

Date Signed

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