

EAGLE ACADEMY EXTENDED DAY CARE COMMITMENT FORM

FAX THE COMPLETED EXTENDED DAY COMMITMENT FORM TO (904) 328-2077
BY FRIDAY, JULY 23, 2010

Please initial your selection listed below, then sign and date the page.

Name of Child: _____ Grade: _____

_____ I select the **AM Only** Extended Day Program, which begins at 7:00 am and ends at 8:45 am.

_____ I select the **PM Only** Extended Day Program, which begins at 3:30 pm and ends at 6:00 pm.

_____ I select the **AM and PM** Extended Day Program.

POLICY AND PROCEDURES: In the event payments are not made on time, the parents and /or guardian will be notified in writing, of the date the child's extended day attendance will be suspended. If the student is sent to extended day after the suspension date, the parents and/or guardian will be notified to pick the student up from the school office. The student will not be allowed to attend extended day until all fees are brought current.

Grade Level	AM Only Aug – May	PM Only Aug – May	AM & PM Aug – May
Kindergarten – 8th	\$570 (Annual) \$57 (Monthly)	\$820 (Annual) \$82 (Monthly)	\$1,320 (Annual) \$132 (Monthly)

Parent/Guardian Name: _____

Phone: _____ Email: _____

FACTS Agreement Number: _____

The Agreement Number can be found on confirmation page once you have completed the FACTS registration process.

_____ I agree to pay the Extended Day Fees using FACTS Tuition Management. Based on my FACTS registration selection, payments will be withdrawn on the 5th or 20th of each month beginning August 2010.

_____ I agree provide the administrative office with no less than a two-week notice of any enrollment changes. If proper notice is not given, I understand that I will be responsible for a full month's tuition.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Monthly Amount: _____ Administration Signature: _____ Date: _____